

**A STUDY TO ASSESS THE KNOWLEDGE AND PRACTICE ON
SELECTED ASPECTS OF POSTNATAL CARE AMONG
PRIMI MOTHERS IN ARAVINDAN HOSPITAL,
COIMBATORE**

By

Reg. No: 301421102

**A DISSERTATION SUBMITTED TO THE TAMIL NADU
Dr. M. G. R. MEDICAL UNIVERSITY, CHENNAI IN
PARTIAL FULFILLMENT OF REQUIREMENT
FOR THE DEGREE OF MASTER OF
SCIENCE IN NURSING**

OCTOBER 2016

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Approved by

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INTERNAL

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A close-up photograph of pink roses and scattered petals, all covered in small, glistening water droplets. The background is a soft, out-of-focus white, making the vibrant pink of the flowers stand out. The petals are layered, showing various shades of pink from light to deep magenta.

*Dedicated to
Almighty God,
Lovable Husband,
Daughter, Son,
Parents, Brother
& Friends*

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Gratitude can never be expressed in words, but this is only a deep perception which makes the words to flow from one's inner heart

I bow in reverence to the **Lord Almighty**, the foundation of the knowledge and wisdom whose salutary benign benison enabled me to achieve this target.

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LIST OF CONTENTS

<i>CHAPTER</i>	<i>CONTENTS</i>	<i>PAGE No.</i>
<i>I</i>	<i>INTRODUCTION</i>	<i>1</i>
	<i>Need for the Study</i>	<i>2</i>
	<i>Statement of the Problem</i>	<i>4</i>
	<i>Objectives</i>	<i>4</i>
	<i>Hypothesis</i>	<i>5</i>
	<i>Operational Definitions</i>	<i>5</i>
	<i>Assumptions</i>	<i>5</i>
<i>II</i>	<i>REVIEW OF LITERATURE</i>	<i>7</i>
	<i>Conceptual Framework</i>	<i>11</i>
<i>III</i>	<i>METHODOLOGY</i>	<i>14</i>
	<i>Research Approach</i>	<i>14</i>
	<i>Research Design</i>	<i>14</i>
	<i>Setting of the Study</i>	<i>15</i>
	<i>Variables</i>	<i>15</i>
	<i>Population</i>	<i>15</i>
	<i>Sample Size</i>	<i>16</i>
	<i>Sampling Technique</i>	<i>16</i>
	<i>Criteria for Selection of Samples</i>	<i>16</i>
	<i>Description of the Tool</i>	<i>17</i>
	<i>Testing of the Tool</i>	<i>18</i>
	<i>Pilot Study</i>	<i>18</i>
	<i>Data Collection Procedure</i>	<i>19</i>
	<i>Plan for Data Analysis</i>	<i>19</i>

<i>CHAPTER</i>	<i>CONTENTS</i>	<i>PAGE No.</i>
<i>IV</i>	<i>DATA ANALYSIS AND INTERPRETATION</i>	<i>21</i>
<i>V</i>	<i>RESULTS AND DISCUSSION</i>	<i>61</i>
<i>VI</i>	<i>SUMMARY, CONCLUSION,</i>	<i>65</i>
	<i>NURSING IMPLICATIONS, LIMITATIONS AND</i>	
	<i>RECOMMENDATIONS</i>	
	<i>REFERENCES</i>	
	<i>ABSTRACT</i>	
	<i>APPENDICES</i>	

LIST OF TABLES

<i>S.No.</i>	<i>CONTENT</i>	<i>PAGE No.</i>
1.	<i>Showing Reliability for Postnatal Care Interview Schedule</i>	18
2.	<i>Distribution of Demographic Variables of Mothers</i>	22
3.	<i>Distribution of Statistical Value of Pretest and Post Test Knowledge on Postnatal Diet</i>	32
4.	<i>Distribution of Statistical Value of Pretest and Post Test Practice on Postnatal Diet</i>	34
5.	<i>Distribution of Statistical Value of Pretest and Post Test Knowledge on Personal Hygiene</i>	36
6.	<i>Distribution of Statistical Value of Pretest and Post Test Practice On Personal Hygiene</i>	38
7.	<i>Distribution of Statistical Value of Pretest and Post Test Knowledge on Postnatal Exercise</i>	40
8.	<i>Distribution of Statistical Value of Pretest and Post Test Practice on Postnatal Exercises</i>	42
9.	<i>Distribution of Statistical Value of Pretest and Post Test Knowledge On Breast Feeding</i>	44
10.	<i>Distribution of Statistical Value of Pretest and Post Test Practice on Breast Feeding</i>	46
11.	<i>Co-efficient of Variation for the Level of Knowledge on Postnatal Care</i>	48
12.	<i>Co-efficient of Variation for the Level of Practice on Postnatal Care</i>	50

<i>S.No.</i>	<i>CONTENT</i>	<i>PAGE No.</i>
<i>13.</i>	<i>Correlation Between Knowledge and Practice Scores Regarding Postnatal Care in Pretest</i>	<i>52</i>
<i>14.</i>	<i>Correlation Between Knowledge and Practice Scores Regarding Postnatal Care in Post Test</i>	<i>52</i>
<i>15.</i>	<i>Association of Selected Demographic Variables With Level of Knowledge on Postnatal Care in Pretest</i>	<i>53</i>
<i>16.</i>	<i>Association of Selected Demographic Variables with Level of Knowledge on Postnatal Care in Post Test</i>	<i>55</i>
<i>17.</i>	<i>Association of Selected Demographic Variables with Level of Practice Scores in Pretest</i>	<i>57</i>
<i>18.</i>	<i>Association of Selected Demographic Variables with Level of Practice on Postnatal Care in Post Test</i>	<i>59</i>

LIST OF FIGURES

<i>S.No.</i>	<i>CONTENTS</i>	<i>PAGE No.</i>
<i>1.</i>	<i>The Modified Conceptual Framework Based on Von Vertalanffy General System Model (1968)</i>	<i>13</i>
<i>2.</i>	<i>The Schematic Representation of the Research Design</i>	<i>14</i>
<i>3.</i>	<i>The Schematic Representation of the Variables</i>	<i>15</i>
<i>4.</i>	<i>Percentage Distribution of Demographic Variables According to Age</i>	<i>25</i>
<i>5.</i>	<i>Percentage Distribution of Demographic Variables According to Educational Status</i>	<i>26</i>
<i>6.</i>	<i>Percentage Distribution of Demographic Variables According to Occupation of Mother</i>	<i>27</i>
<i>7.</i>	<i>Percentage Distribution of Demographic Variables According to Monthly Family Income</i>	<i>28</i>
<i>8.</i>	<i>Percentage Distribution of Demographic Variables According to Type of Family</i>	<i>29</i>
<i>9.</i>	<i>Percentage Distribution of Demographic Variables According to Area of Living</i>	<i>30</i>
<i>10.</i>	<i>Percentage Distribution of Demographic Variables According to Source of Information of Postnatal Care</i>	<i>31</i>
<i>11.</i>	<i>Distribution of Statistical Value of Pretest and Post Test Knowledge on Postnatal Diet</i>	<i>33</i>
<i>12.</i>	<i>Distribution of Statistical Value of Pretest and Post Test Practice on Postnatal Diet</i>	<i>35</i>

S.No.	CONTENTS	PAGE No.
13.	<i>Distribution of Statistical Value of Pretest and Post Test Knowledge on Personal Hygiene</i>	37
14.	<i>Distribution of Statistical Value of Pretest and Post Test Practice On Personal Hygiene</i>	39
15.	<i>Distribution of Statistical Value of Pretest and Post Test Knowledge on Postnatal Exercise</i>	41
16.	<i>Distribution of Statistical Value of Pretest and Post Test Practice on Postnatal Exercises</i>	43
17.	<i>Distribution of Statistical Value of Pretest and Post Test Knowledge On Breast Feeding</i>	45
18.	<i>Distribution of Statistical Value of Pretest and Post Test Practice on Breast Feeding</i>	47
19.	<i>Co-efficient of Variation for the Level of Knowledge on Postnatal Care</i>	49
20.	<i>Co-efficient of Variation for the Level of Practice on Postnatal Care</i>	51

LIST OF APPENDICES

APPENDIX

TITLE

1. *Letter seeking permission for conducting the study*
2. *Letter seeking permission from Experts for content validity of the tool*
3. *Format for the content validity*
4. *List of experts for content validity*
5. *Questionnaire*
English
Tamil
6. *Teaching Module*
English
Tamil

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CHAPTER - I

Introduction

*The small bundle of joy will soon
be in the mothers arm-the mother who has been anxiety
For nine months, surely deserve nothing ,but the very best*

- Swami Vivekananda

Motherhood is a beautiful experience where by the mother safely delivers a child. it is the magic of creation. care must be given to ensure safe child birth. the mother has a right to get proper medical care and treatment. labor is a natural process, which all pregnant women have to undergo.

The health of women actually represent the health of the country she comes from. Women are the primary care taker, first education, bearers and nutures of the next generation. Safe motherhood can only be reached if complete care is given to mothers. It is the comprehensive or total care that can be offered to women.

The mother experiences physiological changes as per body regain its non pregnant state and psychological changes as she adjust herself to the new face of motherhood with a separate but a depended infant (Bobak, 2004).

It has been stated that the postnatal care is related to the needs of each individual mother rather than to any routine pattern. Emphasis should be given according to the need of the individual mother (Ruth. V. Bent, 2004).

The post partum period or puerperium (from the Latin pure, "child" and parere "to bring forth") refer to the six week period after child birth (Adelepillitheri, 2004).

Parenting is “one process with two components”. The first is practical and mechanical in nature and include cognitive and affective skills of parenting which include an attitude of tenderness, awareness and concerns for the child's needs and desires. The first component in the process of parenting which include care activities such as feeding, clothing, holding, cleaning the infant, protecting it from harm and providing mobility for it. The task oriented activities or cognitive motor skills are not automatically supplied at the birth of one's child. The parents' abilities in these respects have been influenced by cultural and personal experiences (Mattson and Lee, 1992).

The postnatal period or puerperium is a period of adjustment after pregnancy when the anatomic and physiologic changes of pregnancy are reversed and body returns to the normal state. This period starts as soon as the placenta is expelled and extends up to the period of 6 weeks. The requirements during this period are nutritious diet, personal hygiene, postnatal exercise, breast feeding, family and immunization to the baby (Helen Varney, 1987).

Need for the Study

Several misconceptions, ignorance and inadequacy of knowledge in relation to postnatal care is prevalent among postnatal mothers, especially primigravida.

The world health organization(WHO) estimates that 150 million deliveries occur annually.

- World wide, every minute of every day, one women dies off pregnancy related complications, nearly 6 lakhs women dies each year, of these 99 percentage of death occurs in developing countries.
- In India, every 5 minutes, one women dies from complications related to the pregnancy and child birth. This adds up to a total of 1,21,000 women per year.

Betty. R. Sweet (2007) has stated that there are significant level of both physical and psychological morbidity associated with child birth and that the pattern of postnatal care has a considerable impact on postnatal recovery and the adaptation process which the new mother has to make it. So it is essential to render physical and psychological support to the mother.

Five lakh women die every year in the world as a result of pregnancy and child birth. Every minute of every day there is one maternal death. In India one lakh women die every year as a result of pregnancy and child birth which means one maternal death every five minutes (Alokenda Chatterjee, 2000).

The postnatal period demands appropriate guidance from nurses so that the postnatal mother are able to adjust effectively to the new environment .so timely education is need to improve the health status of the mother about postnatal care.

The investigator during her interaction with the postnatal mother in the maternity centers at the time of her clinical experience has observed that the mother

were ignorant regarding knowledge about postnatal care. The postnatal mothers have been confined to bed for a long period of time and was unaware about the exercises. They were not able to know about the importance of colostrums and few postnatal mothers did not feed colostrums.

It has been observed that there were restrictions on some food items. Few postnatal mothers expressed that they could take bath only for 7 days. Considering the above factors the investigator developed a genuine interest and felt the need of conducting the study on knowledge and practice of postnatal care among primi mothers which will be of importance for educating them to modify their knowledge and action towards postnatal care.

Statement of the Problem

A study to assess the knowledge and practice on selected aspects of postnatal care among Primi mothers in Aravindan Hospital, Coimbatore.

Objectives

- To assess the knowledge and practice regarding postnatal care among primi mothers
- To educate the mothers through instruction module regarding postnatal care.
- To assess the knowledge and practice with selected demographic variables.
- To reassess the knowledge and practice regarding postnatal care among primi mothers.

Null Hypothesis

There is no significant difference between pre test and post test knowledge and practice scores regarding postnatal care among primi mothers.

Operational Definitions

Knowledge

It refers to the verbal responses of respondents to knowledge items on postnatal care as measured by this structured interview schedule.

Practice

It referred to the action of postnatal mothers related to the selected aspects of postnatal care ie diet, personal hygiene, exercise, breast feeding and postnatal diet.

Postnatal Care

It refers to the care given to the mother after the delivery which includes personal hygiene, postnatal exercise ,breast feeding and postnatal diet.

Planned Teaching Programme

It refers to a systematically organized need based teaching material regarding postnatal care.

Assumptions

- Primi mothers have inadequate knowledge on postnatal care.
- Education will enhance the knowledge and practice of primi mothers regarding postnatal care.

Delimitations

- Only primi para mothers.
- Only those mother who have undergone normal delivery.
- Postnatal mothers who are willing to participate in the study.
- Mother who deliver their baby in Aravindan Hospital.

Projected Outcome

This study will give a clear understanding of the knowledge and practice of postnatal care primi mother. The said instruction module associated with postnatal care will be effective in improving the knowledge and practice among primi mother regarding postnatal care and there by the level of practice improves. The outcome of the study will be helpful to educate the mother regarding postnatal care there by reducing the post partum death.

CHAPTER - II

Review of Literature

Bok, M. S (2000) conducted the prospective study regarding the effect of postnatal exercises to strengthen the pelvic floor muscles. A prospective comparison design comprising 66 matched pairs (n=132) of mothers, divided into a training group (TG) and control group (CG) was used. The result was while a statistically significant change in pelvic floor muscle strength was found in both TG and CG, the improvement for the training group was significantly greater.

Chareliji, P and Cockburn, J (2002) conducted a prospective study regarding the promoting urinary continence in after delivery; randomized control trial. To test the effectiveness of a physiotherapist delivered intervention designed to prevent urinary incontinence among women three months after giving birth. Prospective randomized control trial with women recover the intervention which entailed training in pelvic floor exercise and incorporated these results were encouraging pelvic floor muscles. At three months after delivery the prevalence of incontinence in the intervention group was 31.0% (108 women) and in the usual care group 38.4% (125 women) difference 7.4% (95% confident interval 0.2% to 14.6%, $p=0.044$). The proportions of women reporting doing pelvic floor exercises at adequate level was 84% (82% to 88%) for intervention group and 58%(52% to 63%) for the usual care group ($p=0.001$)

Reilly, E. T (2002) conducted a study regarding prevention of post partum stress incontinence in primigravida with increased bladder neck mobility. A

randomized control trial of antenatal pelvic floor exercises. The setting was antenatal clinic in UK NHS trust hospital. The result of the study was 268 women enrolled information on the main outcome variable for 110 in the control group and in the study group. Fewer women in the supervised pelvic floor exercise group reported post partum stress in continence, 19.2% compared with 32.7% in the control group (RR 0.59 (0.37 – 0.92). There was no change in bladder neck mobility and no difference in pelvic floor strength between groups after exercise, although all those developing post partum stress incontinence had significantly poorer perinometry scores than those who were continence.

Olson, C. M. et.al., (2003) conducted a study regarding the gestational weight gain and postpartum associated with weight change from early pregnancy to 1 year postpartum. The objective of the study was to describe the relative importance of gestational weight gain, post partum exercises, food intake and breast feeding to weight change from early pregnancy to 1 year postpartum. To identify sub groups of women at greatest risk for major weight gain surrounding child bearing .Women were on average 1.51+/-5.95kg heavier at 1st year post partum than they were in early pregnancy. Nearly 25% of women experienced a major weight gain of 4.55 kg or more at 1 year postpartum.

Armstrong, K and Edwards, H (2004) conducted a study regarding the effectiveness of a pedometer walking exercise program in reducing depressive symptomatology for postnatal women. A 12 week randomized control trial was conducted investigating the effect of an exercise intervention group (3 sessions per week of 60% to 75% intensity) compared to a social support group (1 session per

week) participants in both groups had given birth in the past 12 months and were experiencing depressive symptomatology. These results were encouraging and suggest that a Park walking intervention has the potential to improve depressive symptomatology and fitness level of women who are reported experiencing post-natal depression.

Downs, D. S (2004) conducted a retrospective study regarding the women's exercise beliefs and behaviours during their pregnancy and post partum. The most common exercise beliefs during post partum were that exercise controls weight gain and lack of time obstructed exercise participation. The result of the study was participants were 74 post partum women between 6 days and 5 months (mean=3.52 months) following birth of a baby (mean age=31.30 years; SD=4.37; age range=19.40 years) most of the participants were white (81.1%), married (86.5%), college graduates (44.6%), working full time (55.1%), business employers (39.2%), and earning family income (62.2%).

Thronton, P. L, et.al., (2006) conducted a study regarding weight, diet and physical activity related beliefs and practices among pregnant and post partum Latino women : The role of social support. The objective of this study was to investigate the influence of social support on weight, diet, and physical activity related beliefs and behaviours among pregnant and post partum Latinas. Husbands and some female relatives were primary source of emotional, instrumental and informational support for weight, diet and physical activity related beliefs and behaviours for Latina participants. Holistic health beliefs and opinions of others consistently influenced the Latinas motivation and beliefs about the need to remain healthy and the links between

behaviour and health. Absence of mothers, other female relatives, and friends to provide child care, companion ship for exercises and advice about food were prominent barriers that limited women's ability to maintain healthy practices during and after pregnancy.

Wagg, A and Bunn, F (2007) conducted a study regarding the unassisted pelvic floor exercises for postnatal women, a systematic review. The aim of the study is a systematic review on unassisted pelvic floor exercises for postnatal stress incontinence. The review included randomized controlled trials, published in English of unassisted pelvic floor exercises in postnatal women. The result was four randomized controlled trials met the inclusion criteria. Intervention ranged from written information to structured exercises classes, while usual care varied from a leaflet to group session with a midwife

Conceptual Framework

The conceptual frame work for this study was derived from the system theory (Ludving Von Bertalenffy, 1986). It serves as a model for viewing people as interacting with environment. System can be opened or closed. Open systems have varying degree interaction with environment from which the system receives. Input and gives output in the form of matter, energy or information. The feed back is the environment response of the system, feed back may be positive ,negative or neutral.

System Components Include

- Input
- Throughput
- Output
- Feedback

Input

It is the information needed by the system based on demographic variables under age, religion, educational status, occupational status, monthly income, type of family, residence, source of information, regarding postnatal care .in this study the input is the assessment of knowledge and practice on postnatal care which includes- diet, hygiene breast feeding and exercises.

Throughput

Throughput is the security phase where a structured teaching programme was administered regarding main aspects of postnatal care includes –diet, personal hygiene, exercise and breast feeding.

Output

The information are continuously processed through the system and released as output in an altered state. In this study the output is the expected gain in the knowledge and practice by the mothers about the postnatal care which includes diet, personal hygiene, exercise and breast feeding which was post tested after structured teaching programmed.

Feed Back

The feedback is the environment response of the system feed back may be neutral, positive or negative. If the feed back is negative the process is again reassessed.

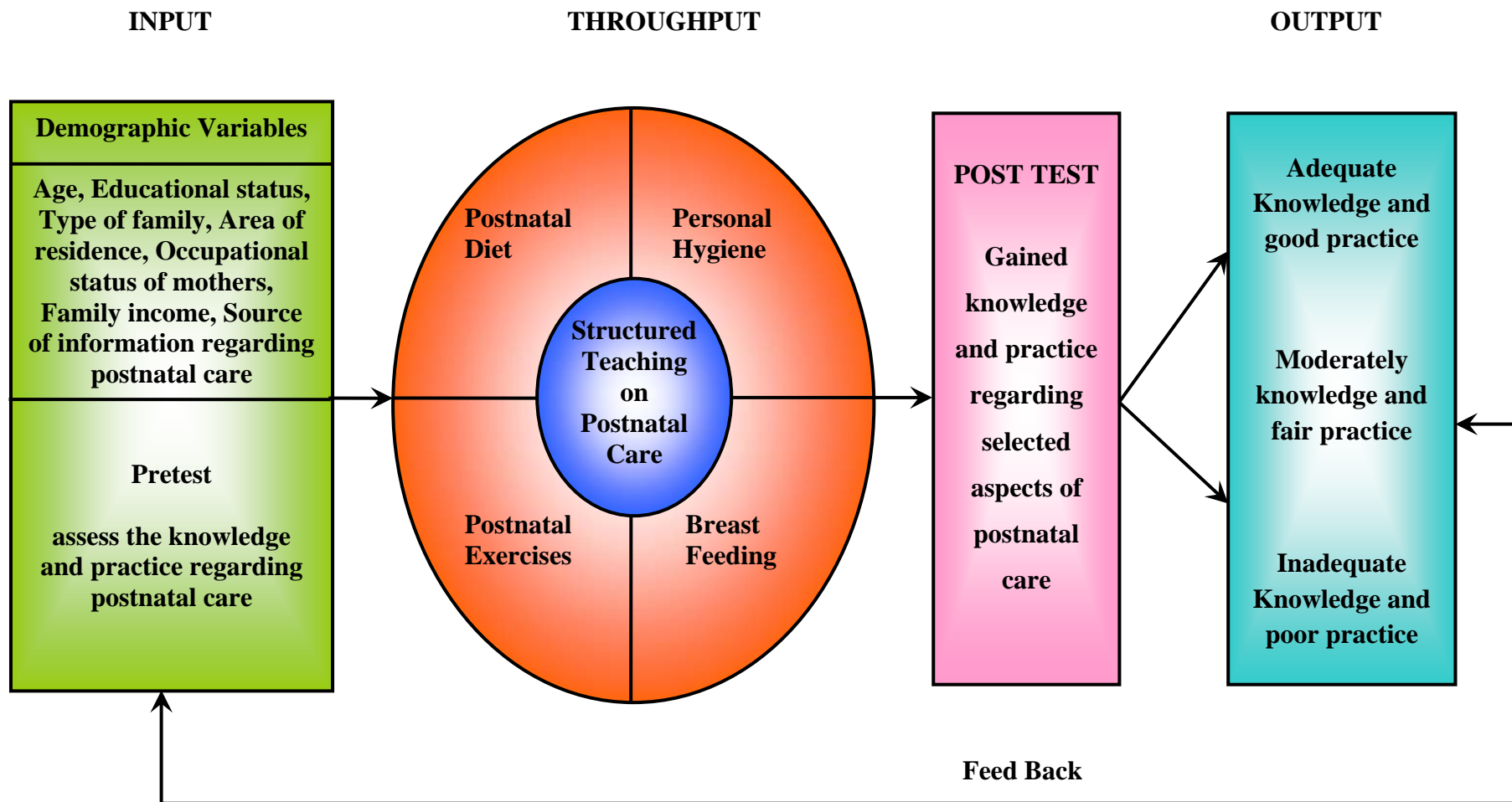


Figure. 1 The Modified Conceptual Framework Based on Von Vertalanffy General System Model (1968)

CHAPTER - III

Methodology

It includes research approach, research design, setting of the study, population, sample size, sampling technique, criteria for the selection of sample, description of the tool, content validity, reliability, pilot study, procedure of data collection and plan for data analysis.

Research Design

The research design help the researcher in the selection of subjects manipulation of experimental variables procedure of data collection and the type of statistical analysis to be used to interpret the data. The research design was pre experimental one group pre test, post test, design was adopted in the study. In the present study a pre test was administered by means of questionnaire method depicted as O_1 and then a planned teaching programme was delivered depicted as X. A post test was conducted by using the same questionnaire depicted as O_2 .

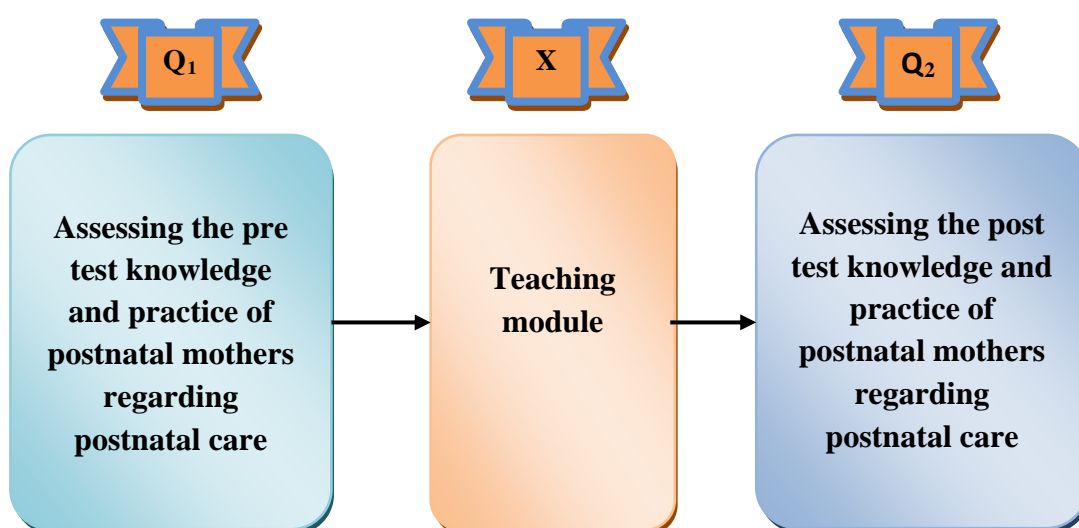


Figure. 2 The Schematic Representation of the Research Design

Setting of the Study

The study was conducted among the primi mothers who have been admitted for normal delivery at Aravindan Hospital , Coimbatore 3 kms away from PPG. It is a hospital consisting of 150 beds with modern facilities exclusively for maternity. There are two postnatal wards.

Variables

Independent variable was planned teaching programme on postnatal care for primi mothers. The dependent variable was then knowledge and practice of postnatal mother regarding postnatal care. The influencing variables are demographic variables.

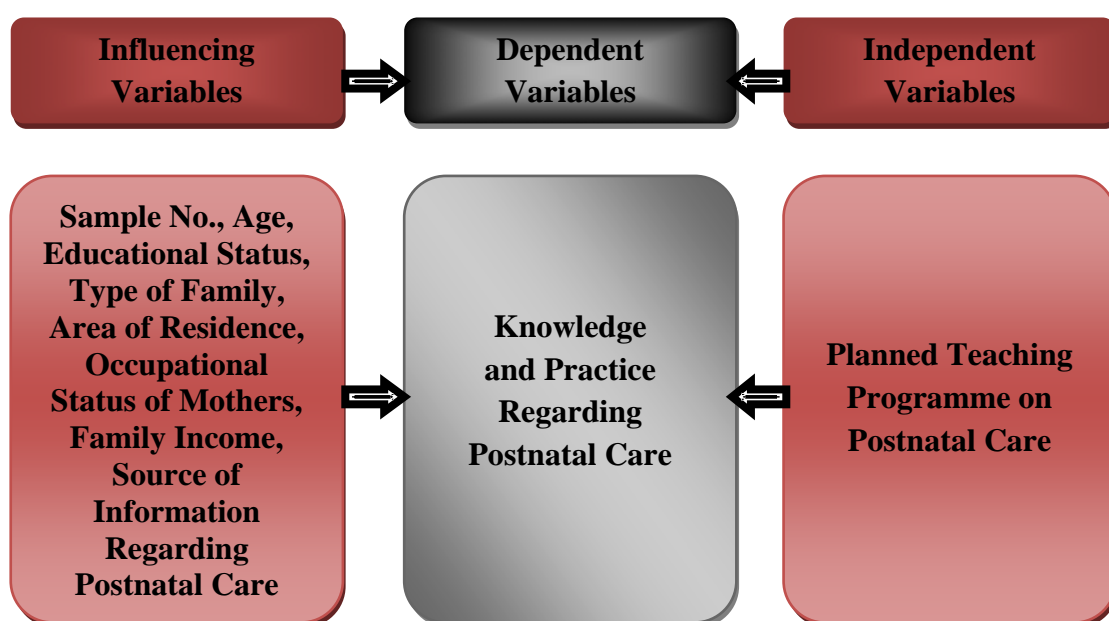


Figure. 3 The Schematic Representation of the Variables

Population

The population of the study includes the primi mother who had normal delivery at Aravindan Hospital, Coimbatore.

Sample Size

The sample size included for study consists of 35 primi mothers.

Sampling Technique

Non- probability convenient sampling technique was used to select the sample. The primi mothers who fulfilled the sample criteria were selected till the sample size was obtained for the present study.

Criteria for the Selection of Sample

Inclusion Criteria

- Primi mothers
- Mothers delivered at Aravindan Hospital
- Mothers who are willing to participate in the study
- Mothers who are having normal delivery
- Mothers who are communicating freely in Tamil

Exclusion Criteria

- Multi mothers
- Postnatal mothers who have undergone LSCS, Forceps and Vacuum delivery
- High risk mothers
- Mothers who are selected for pilot study
- Medical and nursing personnel mothers

Description of Tool

The researcher have developed an interview schedule after reviewing the literature and considering the option of medical and nursing subject experts, to measure the knowledge and practice regarding selected aspects on postnatal care.

Part - A Distribution of Demographic Variables

It includes the sample numbers, age of the sample, educational status, type of family, area of residence, occupational status of the mother, family income and source of information regarding postnatal care

Part - B Questions Regarding Knowledge

It consists of 30 questions related to assessment of the knowledge of primi mothers regarding postnatal care. (i.e. postnatal diet, exercises, personal hygiene and breast feeding)

Interpretation of the Questionnaire

Each question had one correct answer and was given score of one mark, for wrong answer a score of zero was given. The total score allotted for this section was 30.

Part - C Questions Regarding Practice

It consists of 20 questions related to assessment of the practice of primi mother regarding postnatal care (i.e. postnatal diet, exercises, personal hygiene and breast feeding)

Interpretation of the Questionnaire

One mark is given for yes answer and zero mark for No answer. The total score allotted for this section was 20.

Testing of the Tool

Content Validity

The interview schedule was given to five experts specialized in Obstetrics and Gynecology, the researcher met the expert for clarifications in various aspects of the research tool. Some modifications were made according to the expert suggestions.

Reliability of the Instruments

The main objective of the pilot study was to ensure the reliability of the interview schedule, was found out by spearman brown split-half technique.

Table. 1 Showing Reliability for Postnatal Care Interview Schedule

Item	Split – half reliability
Postnatal care interview schedule	0.8

The reliability of the tool was satisfactory.

Pilot Study

The pilot study was conducted to test the reliability content validity and practicability of the tool. Pilot study was conducted for 7 days. The area selected was Aravindan hospital. 5 Primi mothers were selected during the pilot study. The knowledge and practice regarding postnatal care were assessed with the prepared

questionnaire. The education module was prepared to enhance the knowledge and practice regarding postnatal care. Health education was given with the help of flashcards and pamphlets were distributed. The results of the pilot study showed that there was positive correlation between knowledge and practice.

Data Collection Procedure

Prior permission was obtained from the chairman of the Aravindan Hospital, Coimbatore by submitting an application giving assurance to abide by the rules and regulations. The study was done for a period of 4 weeks during the month of June 2016. The investigators identified the mother that fulfilled the inclusion criteria. The mothers were explained about the purpose of the study in a compassionate manner and informed consent was taken. Necessary precautions were taken to provide privacy and confidentiality.

In pre-test the knowledge and practice of mothers regarding postnatal care was assessed following pre test by using the same questionnaire. On the same day structured teaching module was educated by demonstration flash cards and pamphlets. Post test was conducted on the 5th day by the same questionnaire to find out the effectiveness.

Plan for Data Analysis

Data was planned to be analyzed by using descriptive and inferential statistics. Descriptive statistics were used to analyze the frequency, percentage, mean, standard deviation of the following variables.

- Demographic variables of postnatal mother.

- Knowledge regarding postnatal care.
- Practice regarding postnatal care.

Inferential statistics were used to determine the relationship and comparison to identify the difference.

- To identify the relationship between knowledge and practice.
- 't' test was used to compare the knowledge and practice regarding postnatal care on selected aspects diet, personal hygiene, breast feeding and postnatal exercises.
- Independent 't' test was computed to find out the association between knowledge and practice with selected demographic variables.

CHAPTER - IV

Data Analysis and Interpretation

The collected data regarding the knowledge and practice on selected aspect of postnatal care followed by primi mother who had undergone normal delivery at Aravindan Hospital were organized and analyzed as follows.

The findings based on the description an inferential analysis tabulated as follows

Section - I : Distribution of demographic variables of mothers

Section - II : Distribution of statistical value of pretest and post test knowledge and practice on postnatal diet, personal hygiene and postnatal exercise

Section - III : Co-efficient of variation for the level of knowledge and practice on postnatal care

Section - IV : Correlation between knowledge and practice scores regarding postnatal care in pretest and post test

Section - V : Association of selected demographic variables with level of knowledge and practice on postnatal care in pretest and post test

SECTION - I

Table. 2 Distribution of Demographic Variables of Mothers

(n = 35)

S. No.	Demographic Variables	Frequency (f)	Percentage (%)
1.	Age		
	a) 22-23 years	3	8.57
	b) 24-25 years	27	77.15
	c) 26-27 years	5	14.28
2.	Educational status		
	a) Secondary	6	17.15
	b) Higher Secondary	15	42.85
	c) Graduate	12	34.28
	d) Post graduate	2	5.72
3.	Occupation of mother		
	a) Employed	5	14.27
	b) Unemployed	30	85.73

(Table 1 continues)

(Table 1 continued)

S. No.	Demographic Variables	Frequency (f)	Percentage (%)
4.	Monthly family income		
	a) Below ₹. 4000	9	25.72
	b) ₹. 4001 - ₹. 7000	15	42.85
	c) ₹. 7000 and above	11	31.43
5.	Religion		
	a) Hindu	35	100
	b) Muslim	0	0
	c) Christian	0	0
6.	Type of Family		
	a) Nuclear family	17	48.57
	b) Joint family	18	51.43
7.	Area of living		
	a) Rural	25	71.43
	b) Urban	10	28.57
8.	Sources of information regarding postnatal care		
	a) Relatives and friends	22	62.85
	b) Neighbours	8	22.85
	c) Health personnels	5	14.30

Table 2 depicts that distribution of age of primi mother 3 (8.57%) are coming under 22-23 years, 27 (77.15%) coming under 24-25 years and remaining 5 (14.28%) coming under 26-27 years

Regarding the education of mothers out of 35, 6 (17.15%) have education up to secondary level, 15(42.85%) have education up to higher secondary level, 12 (34.28%) have education up to graduate and the remaining 2 (5.72%) are post graduate.

With regard to employment 5 mothers (14.27%) are working as teachers and mill workers, where the remaining 30 (85.73%) are unemployed.

Regarding monthly family income 9 (25.72%) had an income below ₹. 4000 per month, 15 (42.85%) earns between ₹. 4001 - ₹. 7000 and 11(31.43%) earns more than ₹. 7000 per month.

Regarding religion all the primi mothers 35 (100%) belong to Hindu religion.

Regarding the type of family 17 mothers (48.57%) lives in rural area and the rest 18 (51.43%) lives in urban area.

Regarding the area of living 25 mothers (71.43%) lives in nuclear family and the rest 10 (28.57%) lives in joint family.

Regarding postnatal care 22 (62.85%) mothers obtained information from relatives and friends, 8 (22.85 %) from neighbours and remaining 5 (14.28%) from health personnels.

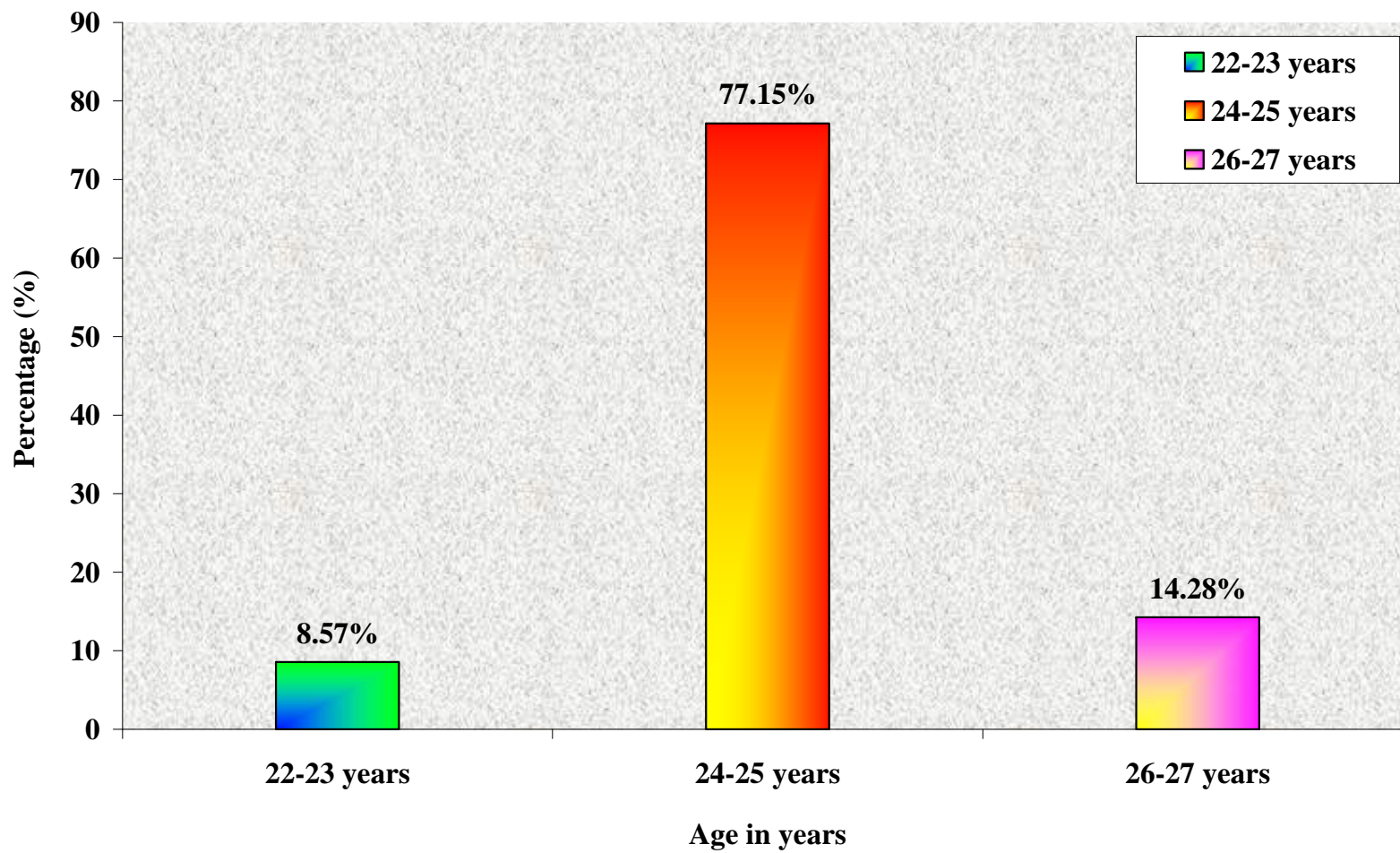


Figure. 4 Percentage Distribution of Demographic Variables According to Age

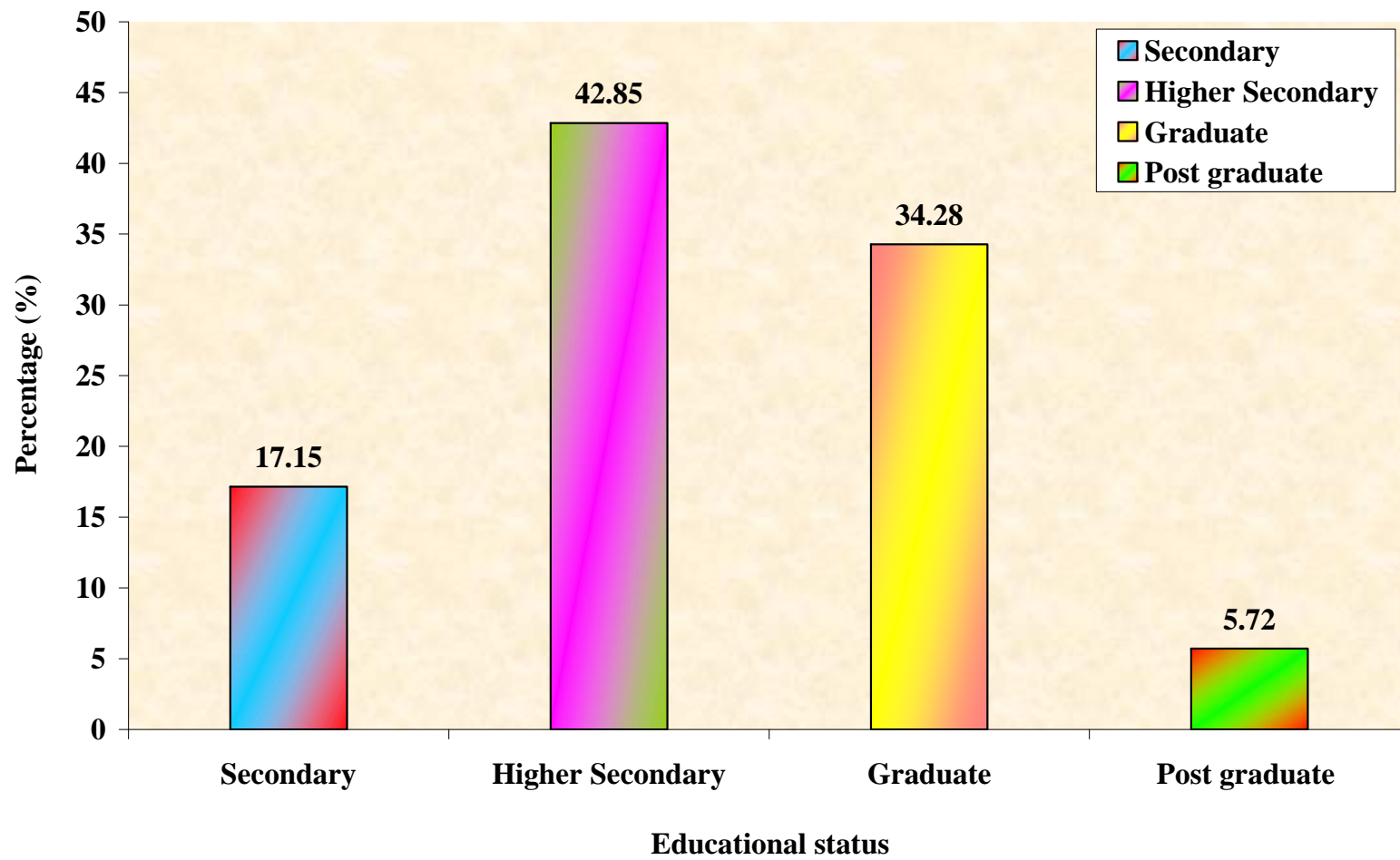


Figure. 5 Percentage Distribution of Demographic Variables According to Educational Status

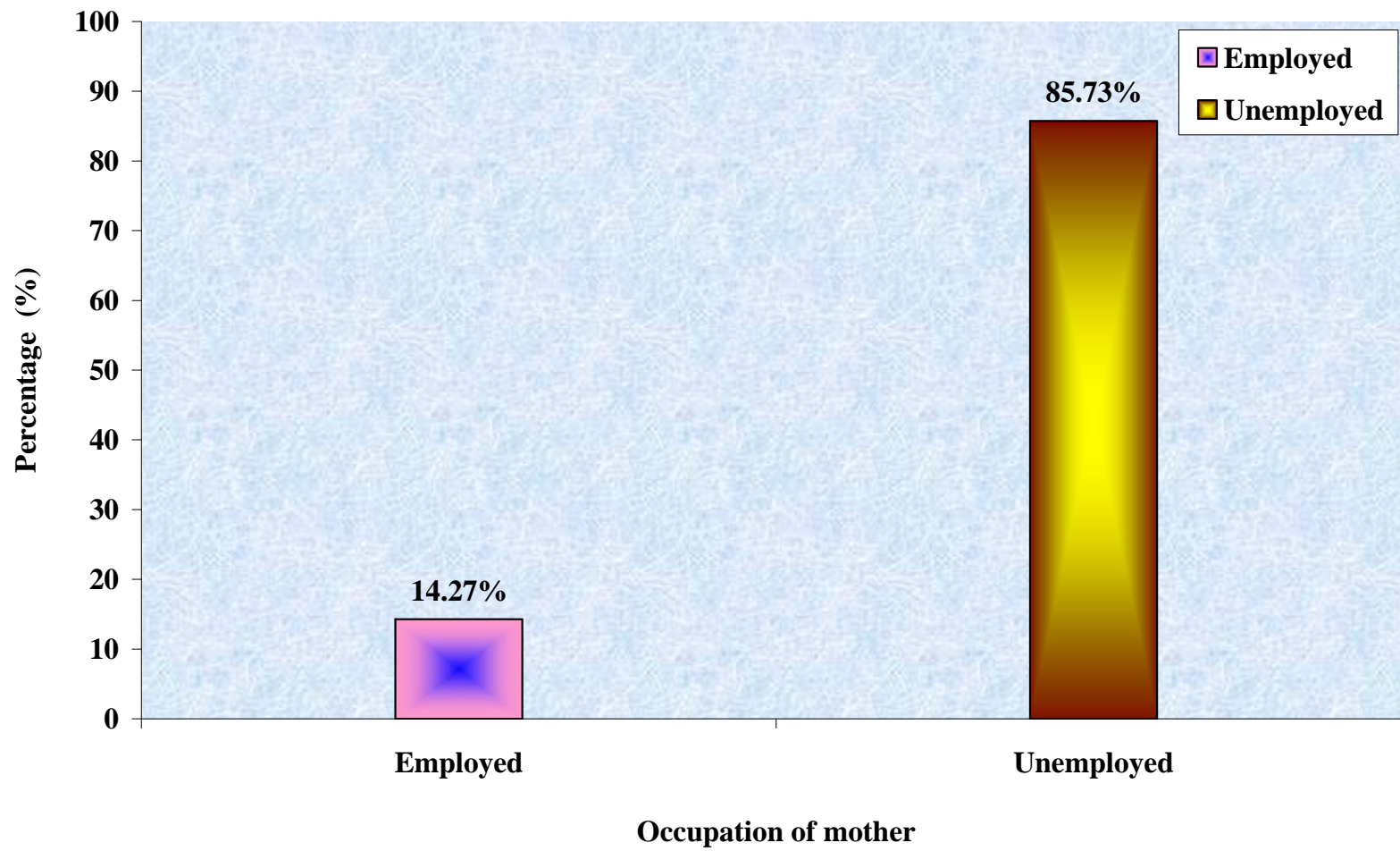


Figure. 6 Percentage Distribution of Demographic Variables According to Occupation of Mother

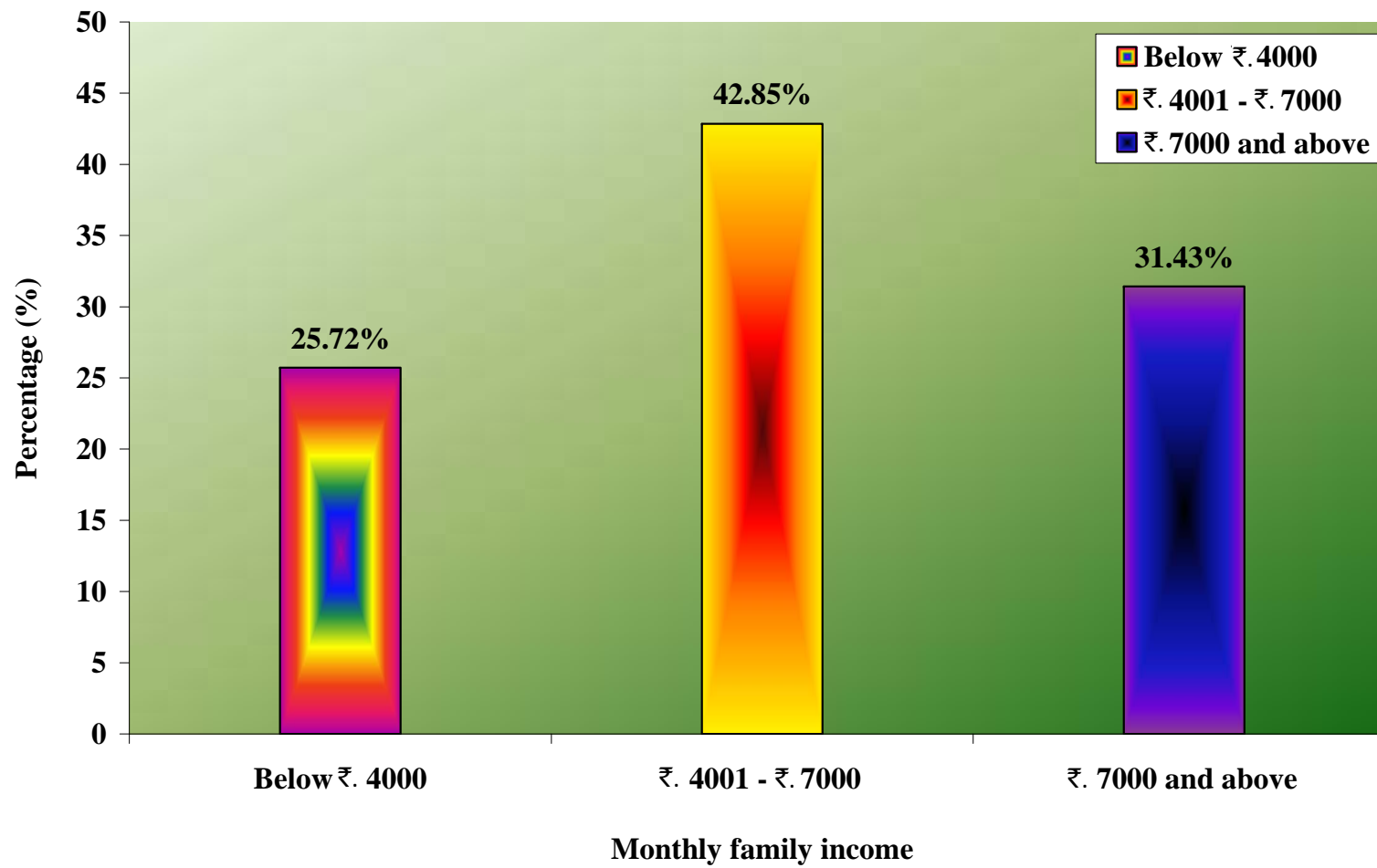


Figure. 7 Percentage Distribution of Demographic Variables According to Monthly Family Income

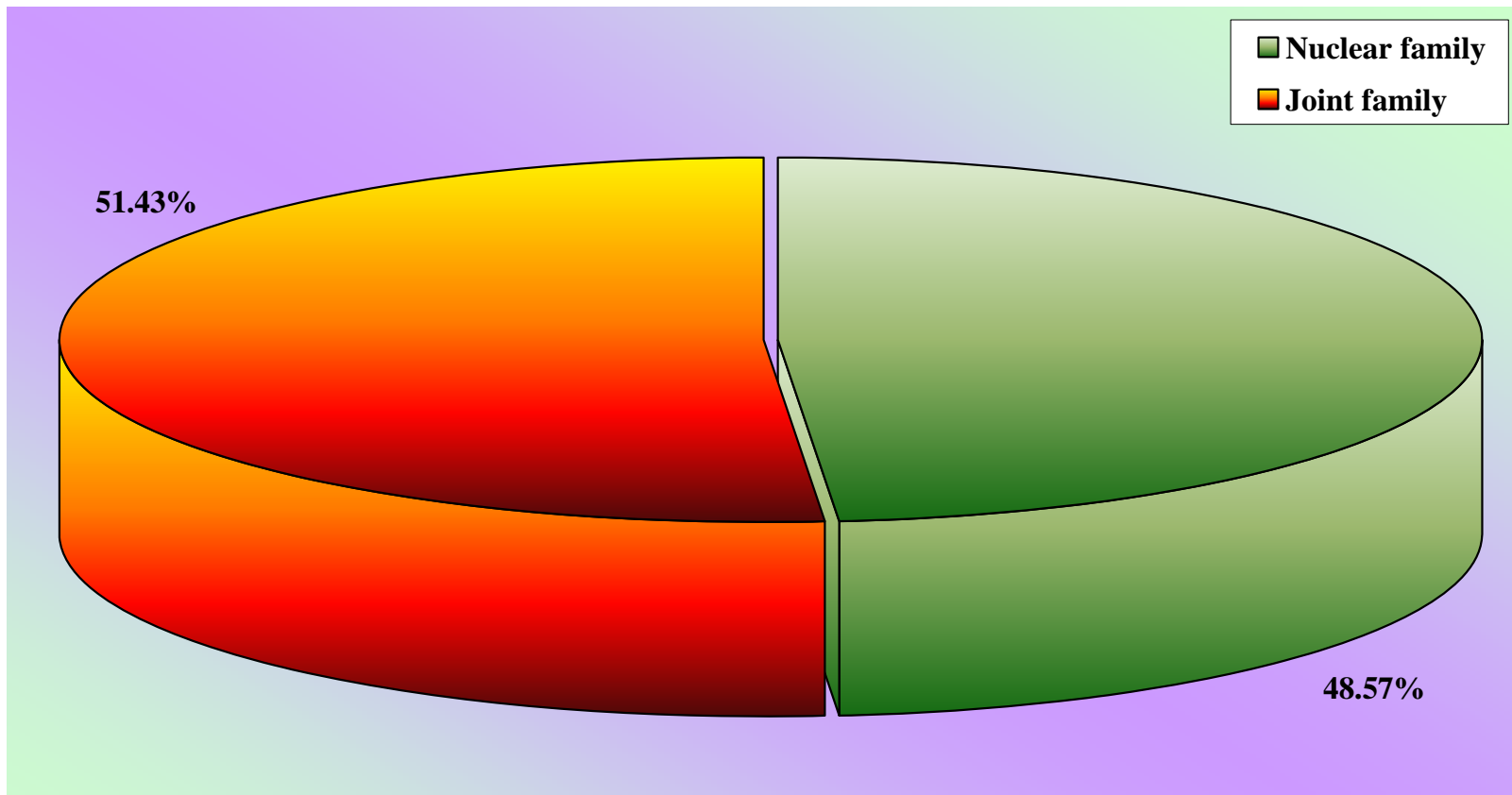


Figure. 8 Percentage Distribution of Demographic Variables According to Type of Family

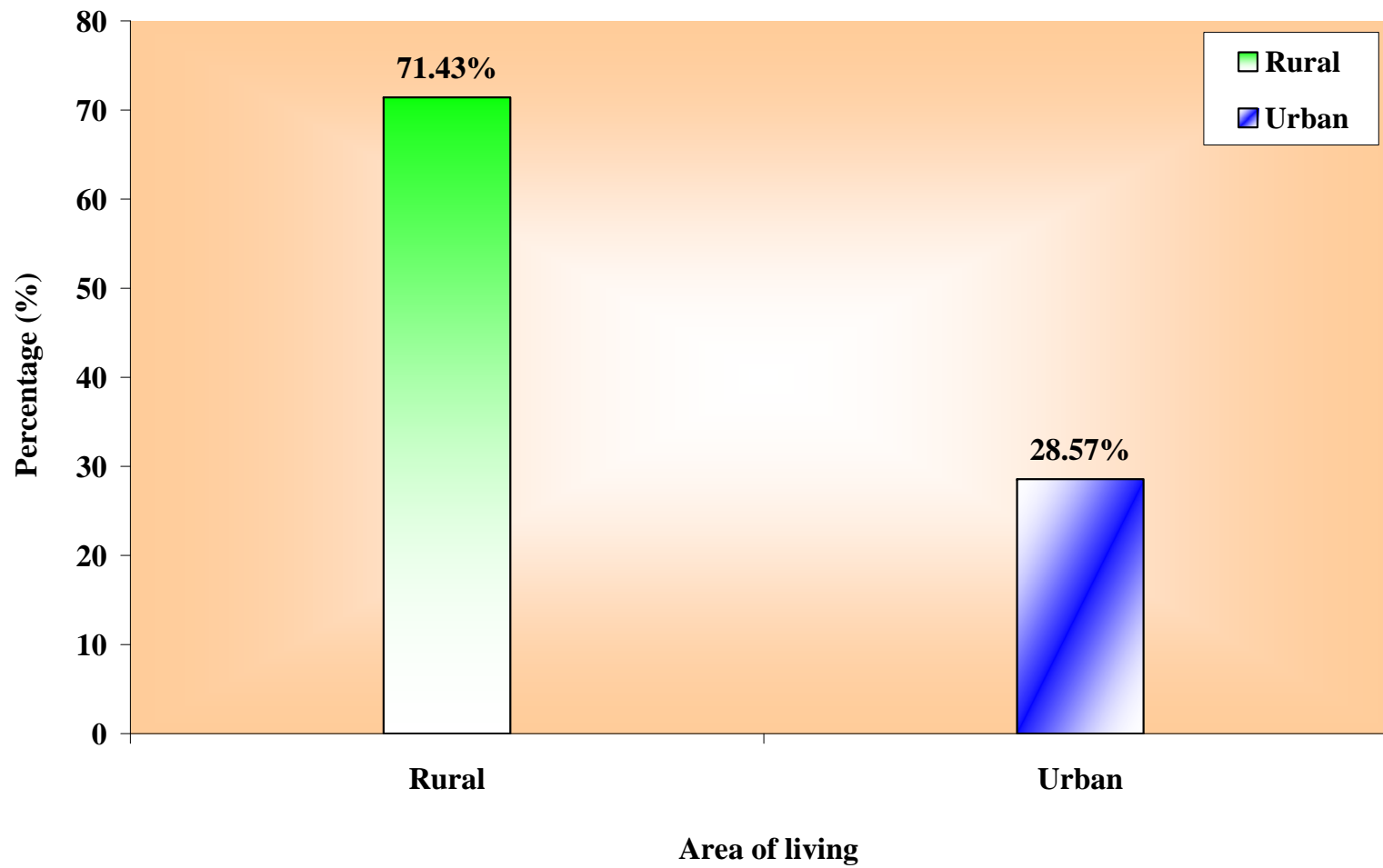


Figure. 9 Percentage Distribution of Demographic Variables According to Area of Living

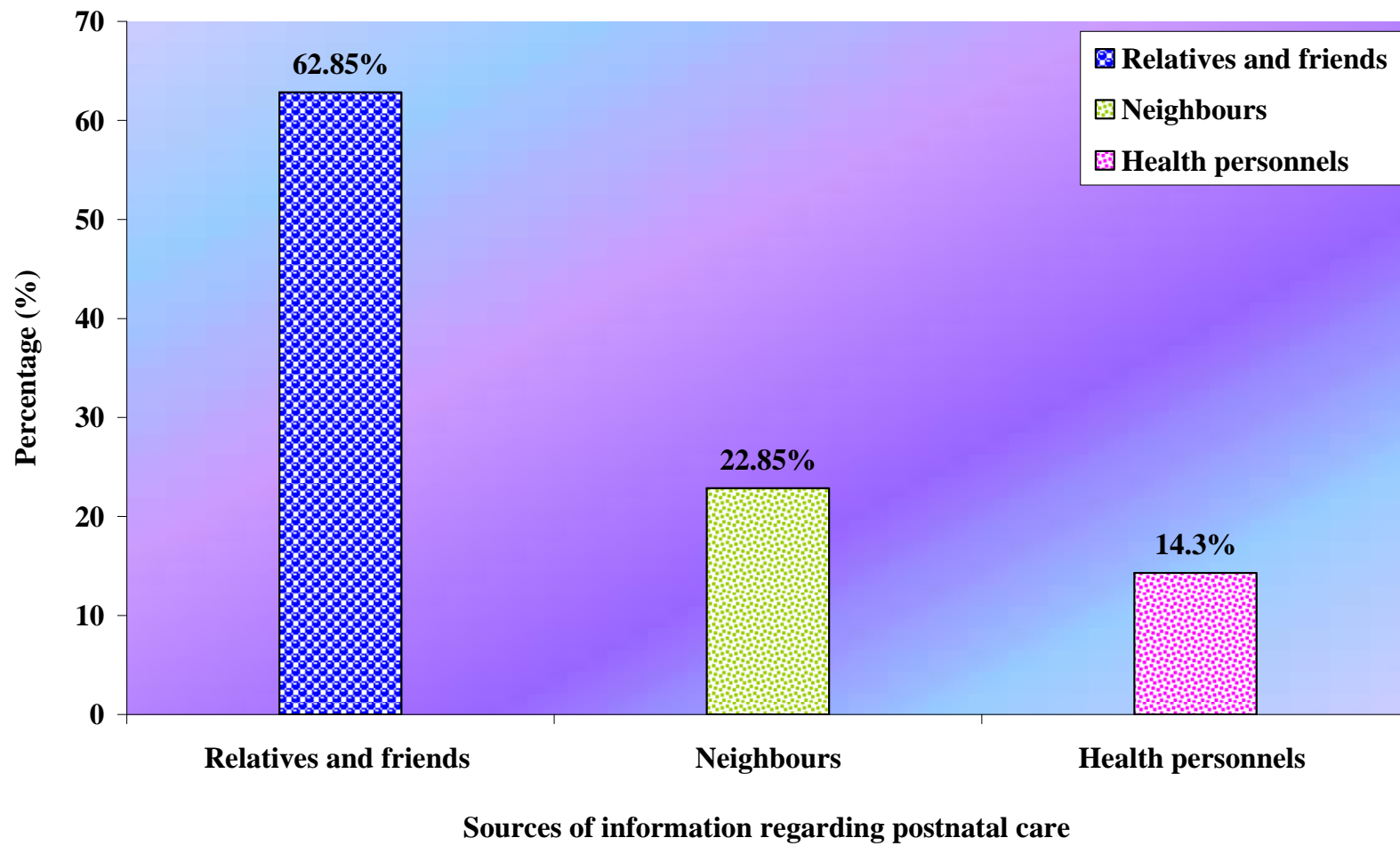


Figure. 10 Percentage Distribution of Demographic Variables According to Source of Information of Postnatal Care

SECTION - II

Table. 3 Distribution of Statistical Value of Pretest and Post Test Knowledge on Postnatal Diet

(n = 35)

S. No.	Knowledge	Mean	S.D	't' Value	Level of Significance
1.	Pre test	2	0.8	16.14*	0.05
2.	Post test	4.9	0.7		

Table (3) shows the table value of 't' = 1.694 at P=0.05 for 34 degree of freedom and calculated value of 't' = 16.14 which is greater than the table value. This shows that there is a significant difference on knowledge regarding postnatal diet before and after delivering health education. Hence, alternative hypothesis is accepted.

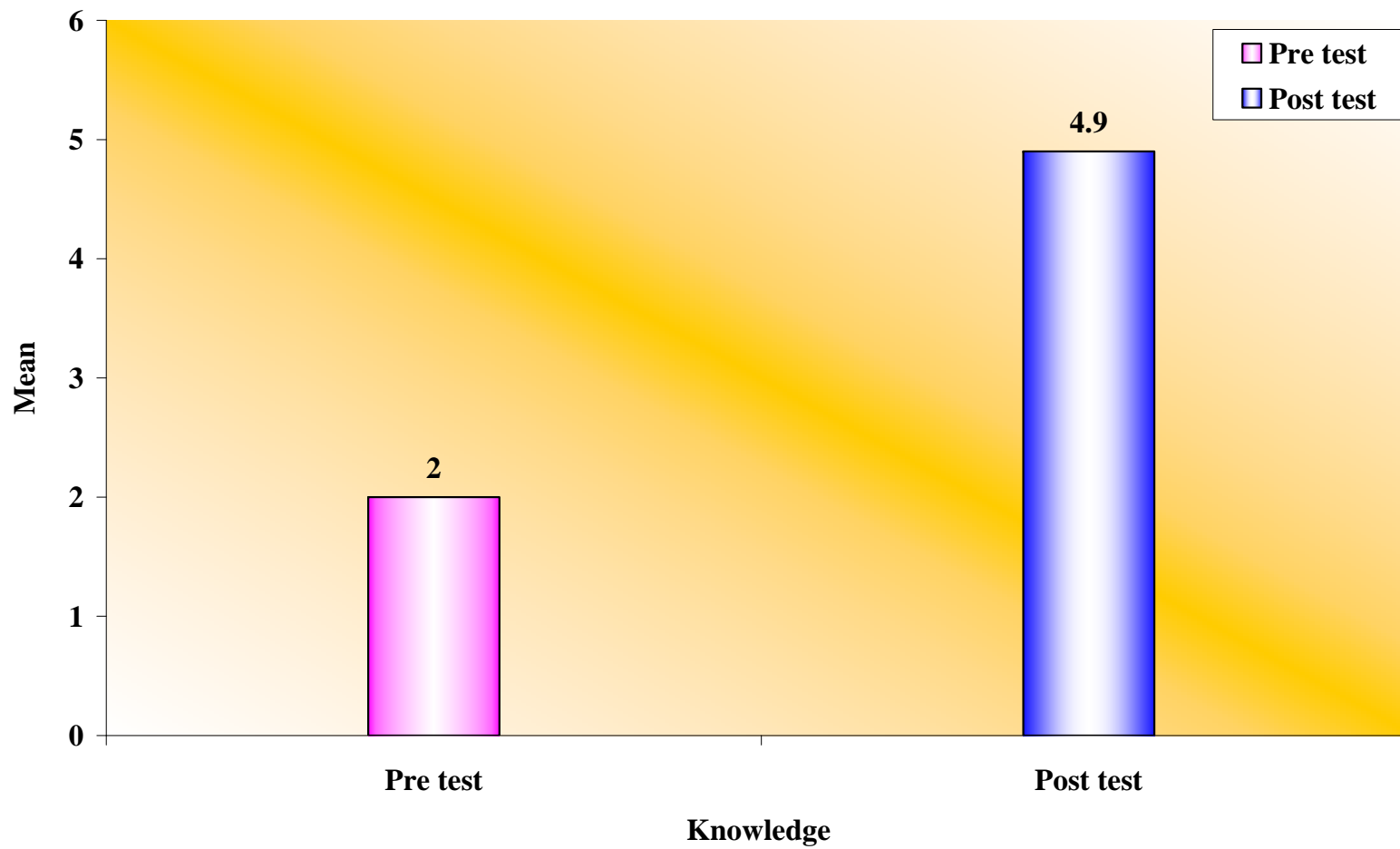


Figure. 11 Distribution of Statistical Value of Pretest and Post Test Knowledge on Postnatal Diet

Table. 4 Distribution of Statistical Value of Pretest and Post Test Practice on Postnatal Diet

(n = 35)

S. No.	Practice	Mean	S.D	't' Value	Level of Significance
1.	Pre test	1.8	0.6	23.22*	0.05
2.	Post test	4.31	0.59		

Table (4) shows the table value of 't' = 1.694 at P=0.05 for 34 degree of freedom and calculated value of 't' = 23.22 which is greater than the table value. This shows that there is a significant difference on practice regarding postnatal diet before and after delivering health education. Hence, alternative hypothesis is accepted.

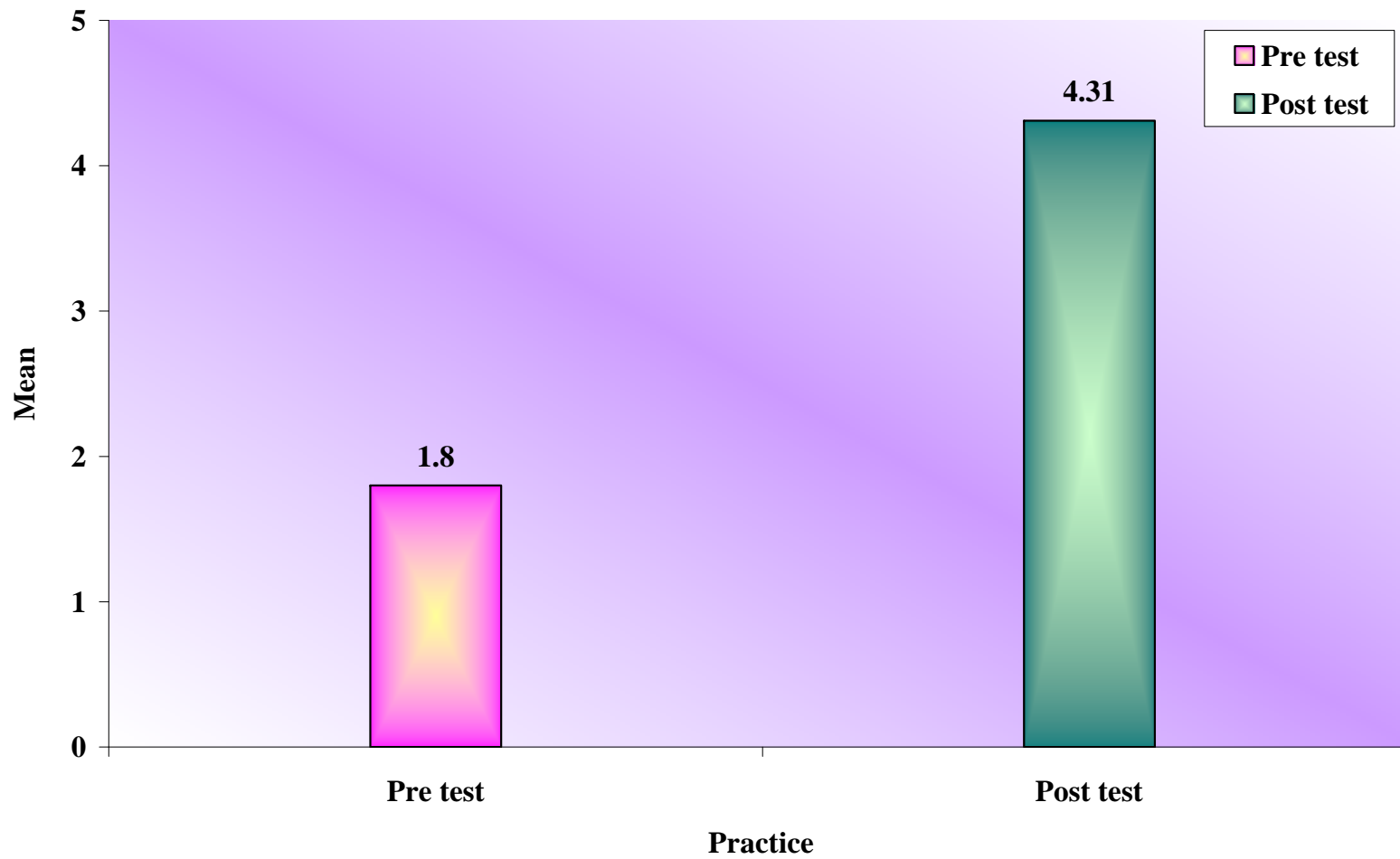


Figure. 12 Distribution of Statistical Value of Pretest and Post Test Practice on Postnatal Diet

Table. 5 Distribution of Statistical Value of Pretest and Post Test Knowledge on Personal Hygiene

(n = 35)

S. No.	Knowledge	Mean	S.D	't' Value	Level of Significance
1.	Pre test	3.54	0.8	17.26*	0.05
2.	Post test	7.4	0.8		

Table (5) shows the table value of 't' = 1.694 at P=0.05 for 34 degree of freedom and calculated value of 't' = 17.26 which is greater than the table value. This shows that there is a significant difference on knowledge regarding personal hygiene before and after delivering health education. Hence, alternative hypothesis is accepted.

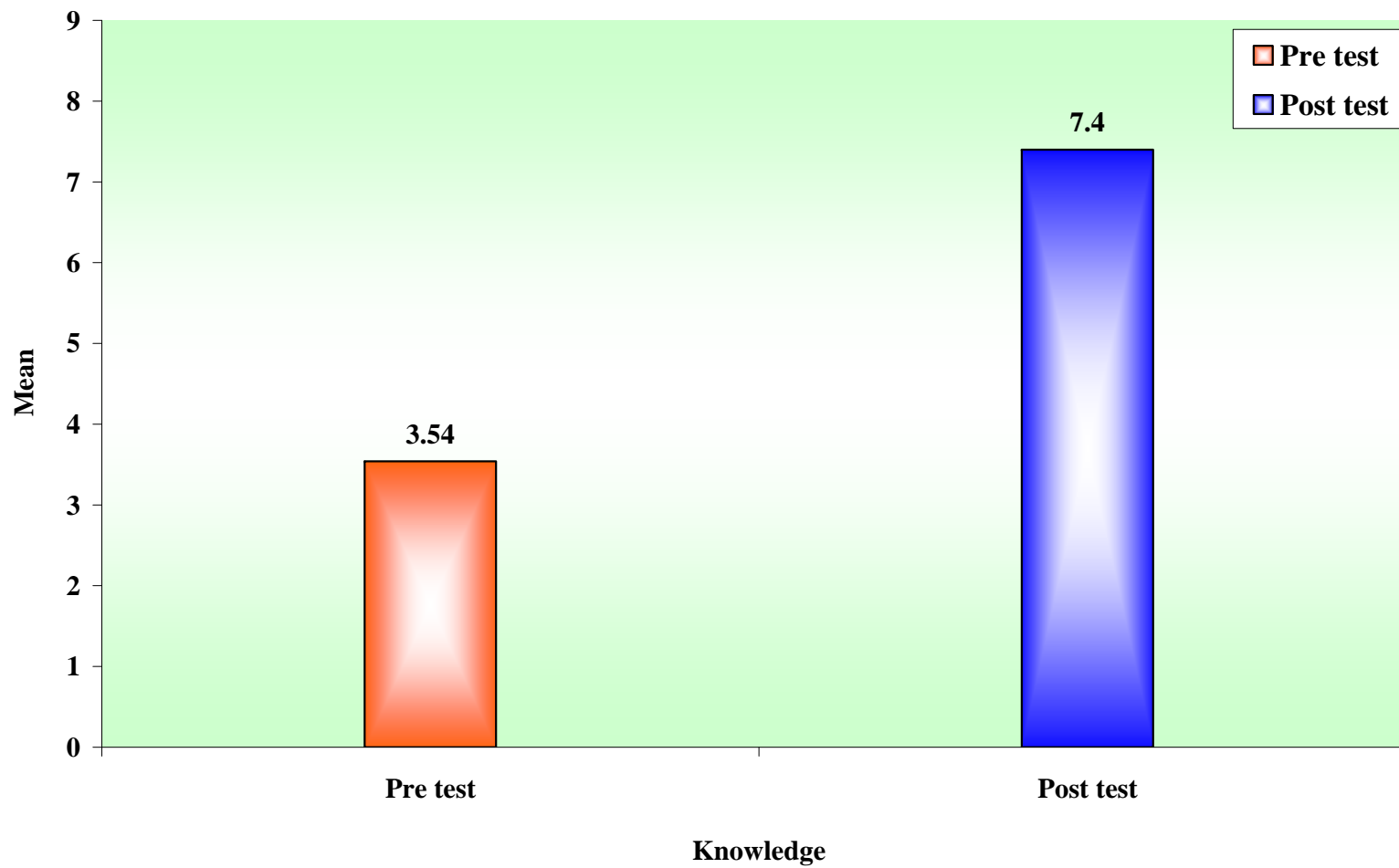


Figure. 13 Distribution of Statistical Value of Pretest and Post Test Knowledge on Personal Hygiene

Table. 6 Distribution of Statistical Value of Pretest and Post Test Practice On Personal Hygiene

(n = 35)

S. No.	Practice	Mean	S.D	't' Value	Level of Significance
1.	Pre test	1.34	0.6	17.14*	0.05
2.	Post test	4	0.6		

Table (6) shows the table value of 't' = 1.694 at P=0.05 for 34 degree of freedom and calculated value of 't' = 17.14 which is greater than the table value. This shows that there is a significant difference on practices regarding personal hygiene before and after delivering health education. Hence, alternative hypothesis is accepted.

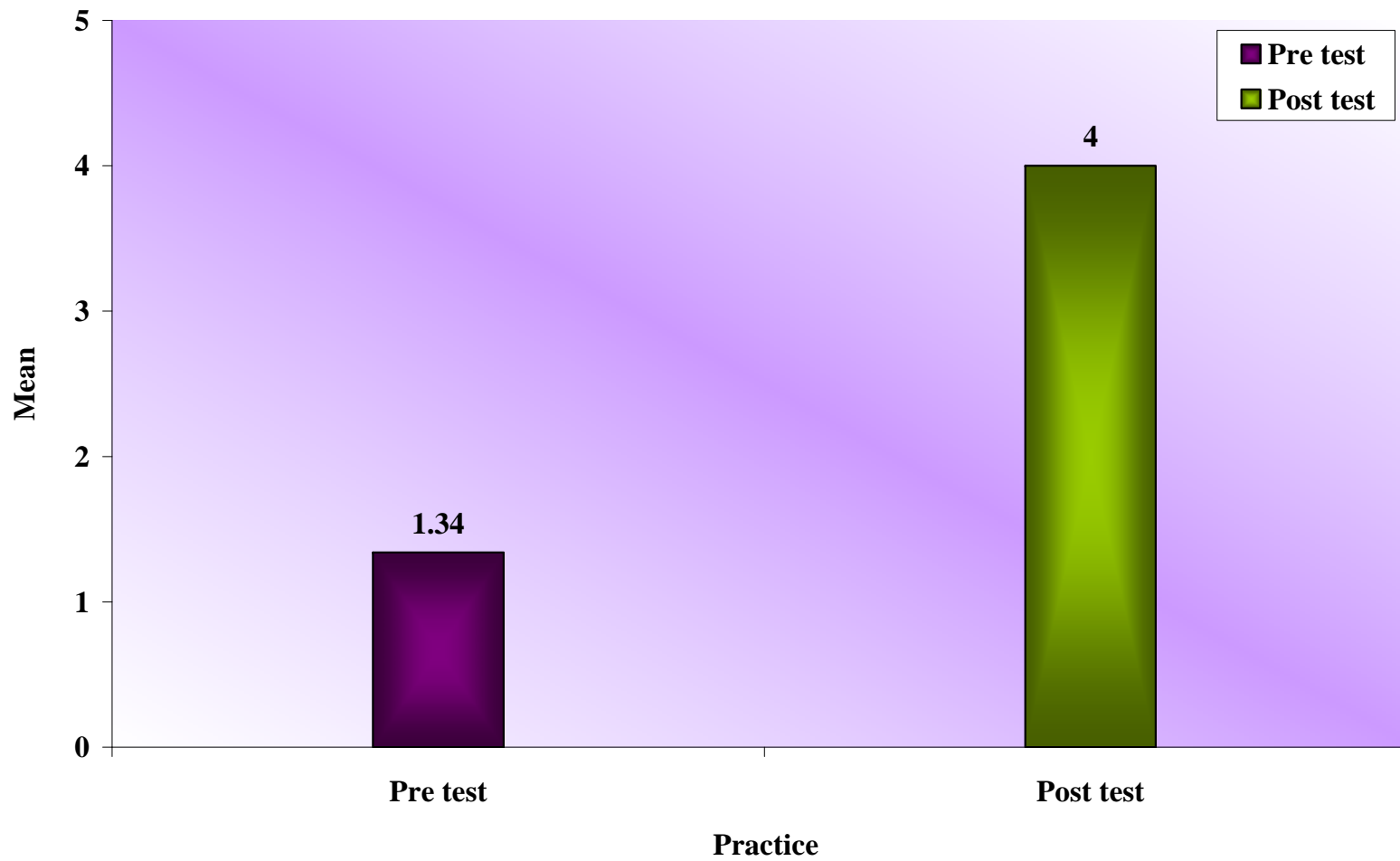


Figure. 14 Distribution of Statistical Value of Pretest and Post Test Practice On Personal Hygiene

Table. 7 Distribution of Statistical Value of Pretest and Post Test Knowledge on Postnatal Exercise

(n = 35)

S. No.	Knowledge	Mean	S.D	't' Value	Level of Significance
1.	Pre test	2.42	1.12	17.7*	0.05
2.	Post test	5.42	0.7		

Table (7) shows the table value of 't' = 1.694 at P=0.05 for 34 degree of freedom and calculated value of 't' = 17.7 which is greater than the table value. This shows that there is a significant difference on knowledge regarding postnatal exercises before and after delivering health education. Hence, alternative hypothesis is accepted.

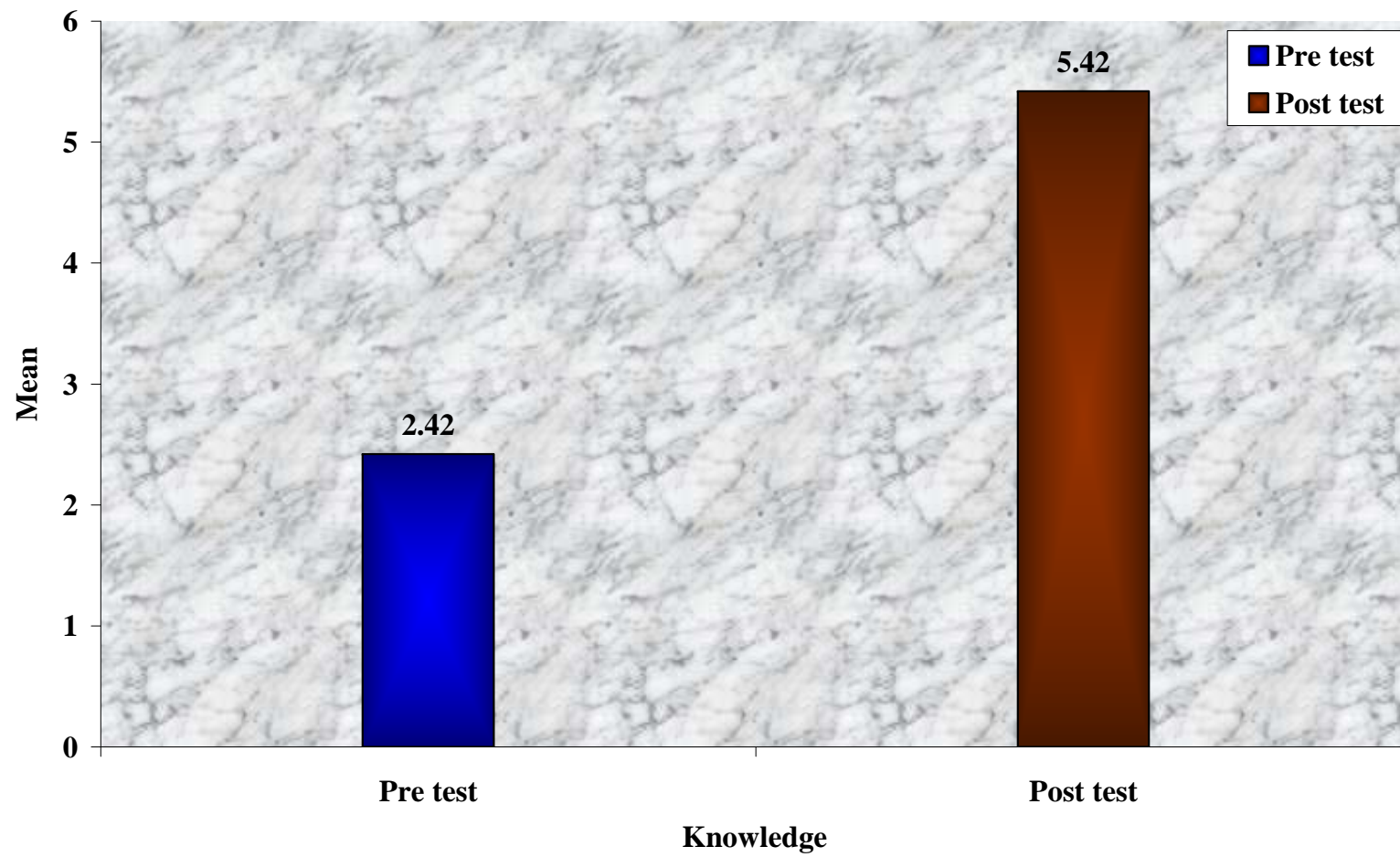


Figure. 15 Distribution of Statistical Value of Pretest and Post Test Knowledge on Postnatal Exercise

Table. 8 Distribution of Statistical Value of Pretest and Post Test Practice on Postnatal Exercises

(n = 35)

S. No.	Practice	Mean	S.D	't' Value	Level of Significance
1.	Pre test	1.51	0.68	22.0*	0.05
2.	Post test	4.32	0.42		

Table (8) shows the table value of 't' = 1.694 at P=0.05 for 34 degree of freedom and calculated value of 't' =22 which is greater than the table value. This shows that there is a significant difference on practice regarding postnatal exercises before and after delivering health education. Hence, alternative hypothesis is accepted.

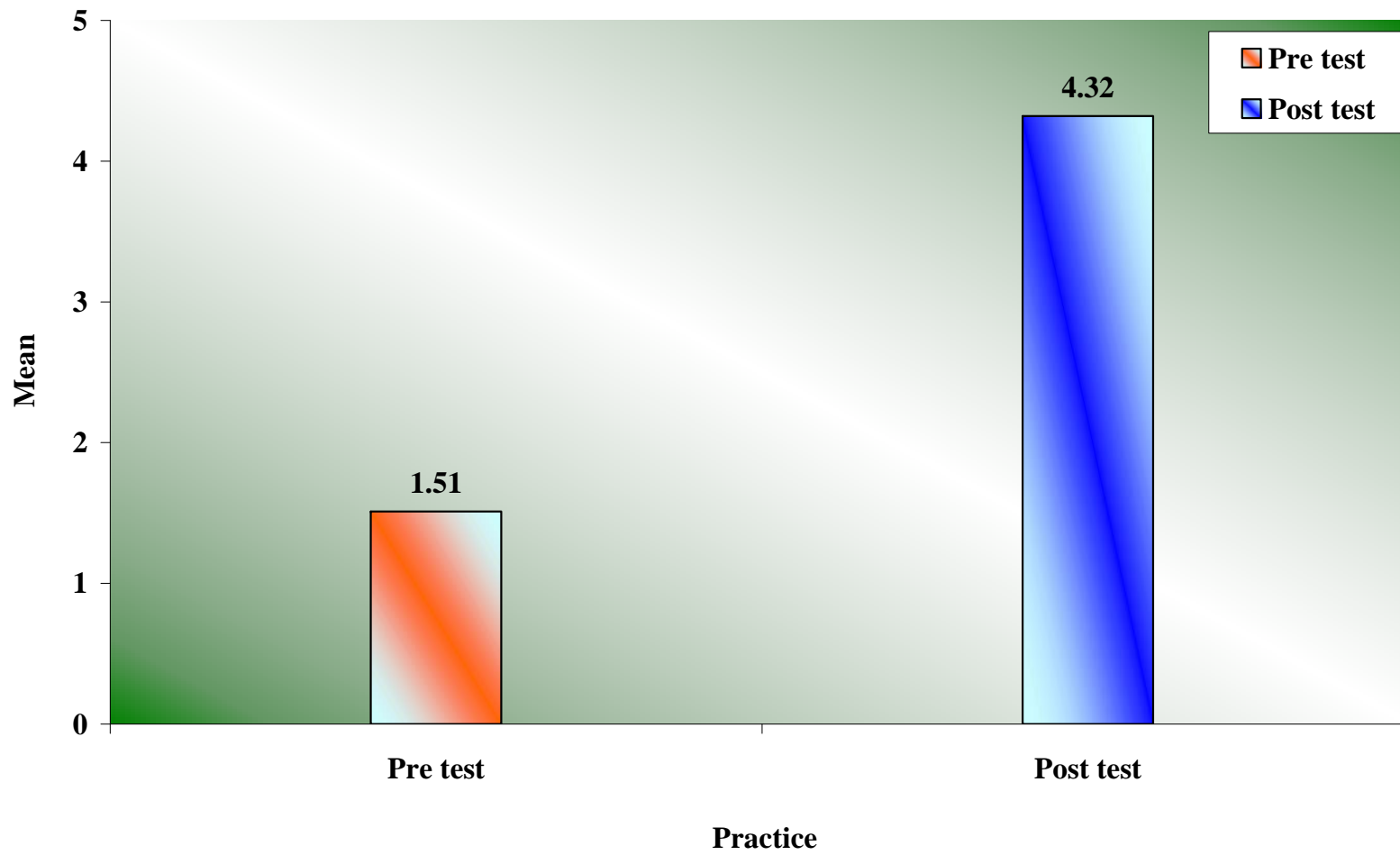


Figure. 16 Distribution of Statistical Value of Pretest and Post Test Practice on Postnatal Exercises

Table. 9 Distribution of Statistical Value of Pretest and Post Test Knowledge On Breast Feeding

(n = 35)

S. No.	Knowledge	Mean	S.D	't' Value	Level of Significance
1.	Pre test	2.54	1.29	13.02*	0.05
2.	Post test	6.2	1.02		

Table (9) shows the table value of 't' = 1.694 at P=0.05 for 34 degree of freedom and calculated value of 't' =13.02 which is greater than the table value. This shows that there is a significant difference on knowledge regarding breast feeding before and after delivering health education. Hence, alternative hypothesis is accepted.

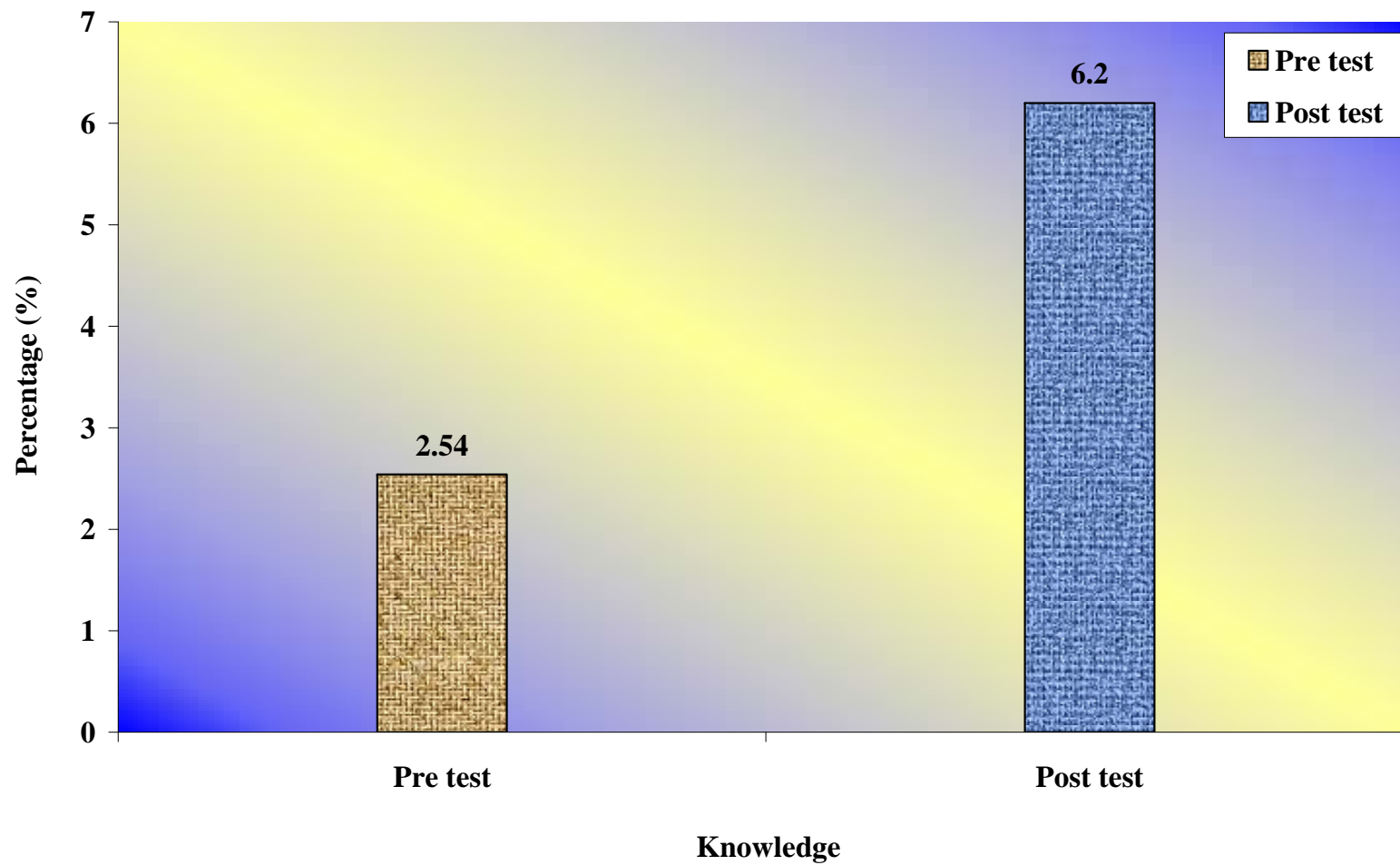


Figure. 17 Distribution of Statistical Value of Pretest and Post Test Knowledge On Breast Feeding

Table. 10 Distribution of Statistical Value of Pretest and Post Test Practice on Breast Feeding

(n = 35)

S. No.	Knowledge	Mean	S.D	't' Value	Level of Significance
1.	Pre test	1.54	0.61	22.5*	0.05
2.	Post test	4.37	0.63		

Table (10) shows the table value of ' t ' = 1.694 at $P=0.05$ for 34 degree of freedom and calculated value of ' t ' =22.5 which is greater than the table value. This shows that there is a significant difference on practice regarding breast feeding before and after delivering health education. Hence, alternative hypothesis is accepted.

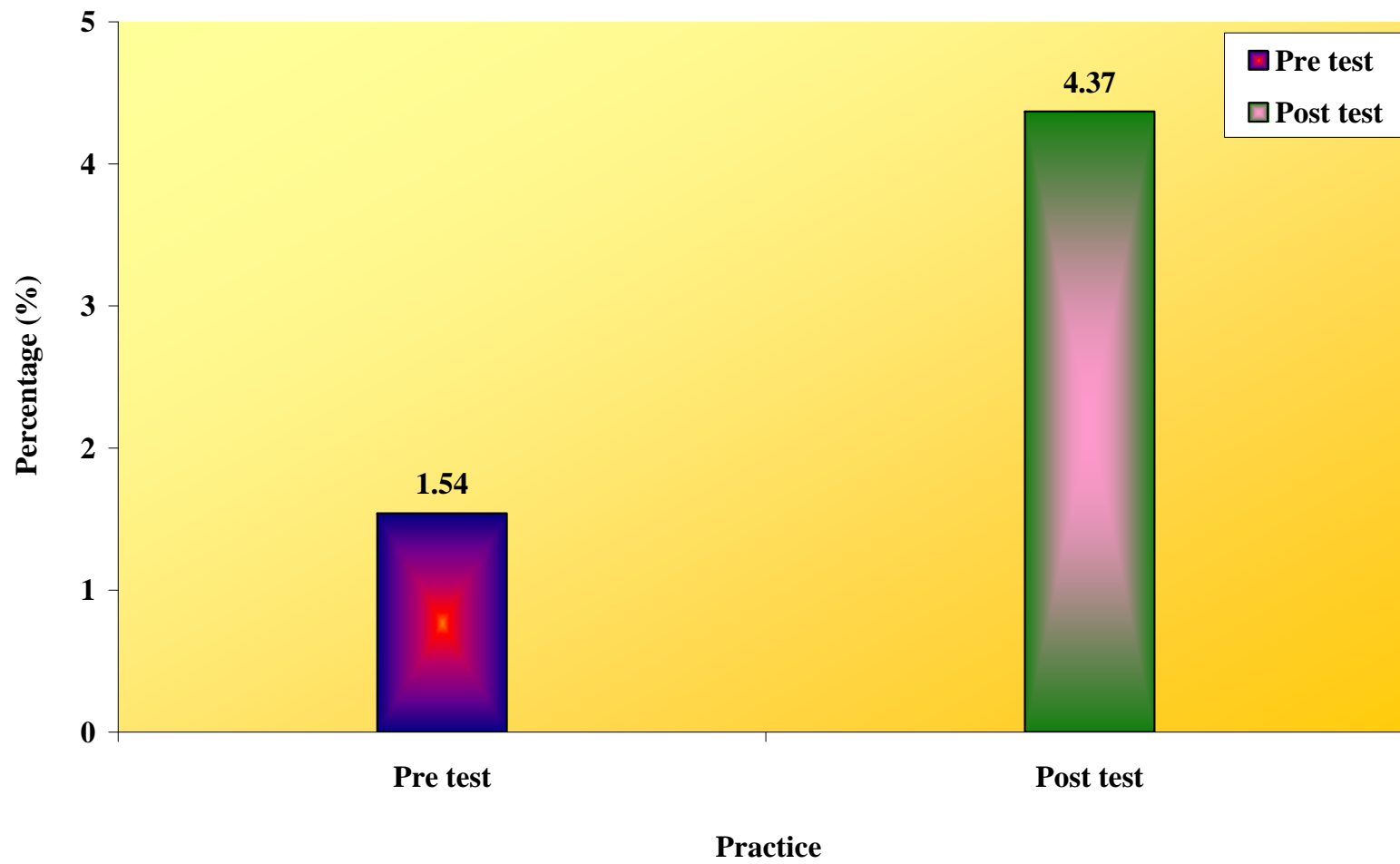


Figure. 18 Distribution of Statistical Value of Pretest and Post Test Practice on Breast Feeding

SECTION - III

Table. 11 Co-efficient of Variation for the Level of Knowledge on Postnatal Care

(n = 35)

S. No.	Knowledge	Mean	S.D	CV
1.	Pre test	10.57	2.0	18.92%
2.	Post test	23.28	1.69	7.25%

Table (11) shows the co-efficient of variation between pre test knowledge and post test knowledge score on postnatal care. The post test score (7.25%) was less than the pre-test score (18.92%). This shows the post test knowledge score was consistent.

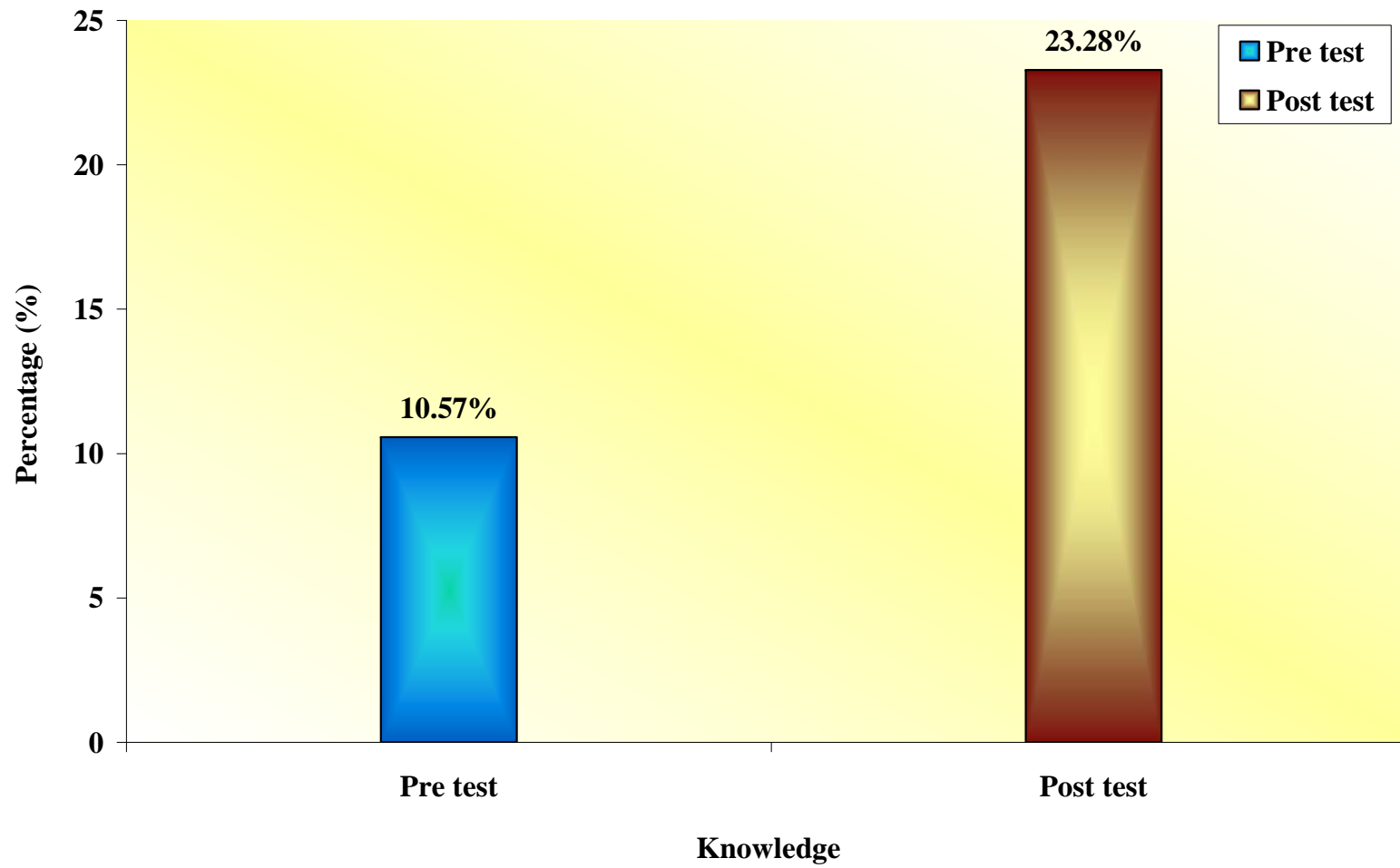


Figure. 19 Co-efficient of Variation for the Level of Knowledge on Postnatal Care

Table. 12 Co-efficient of Variation for the Level of Practice on Postnatal Care**(n = 35)**

S. No.	Practice	Mean	S.D	CV
1.	Pre test	6.2	1.31	21.2%
2.	Post test	17.7	1.1	6.40%

Table (12) shows the co-efficient of variation between pre test practice and post test practice score on postnatal care. The post test score (6.4%) was less than the pre-test score (21.2%). This shows the post test practice score was consistent.

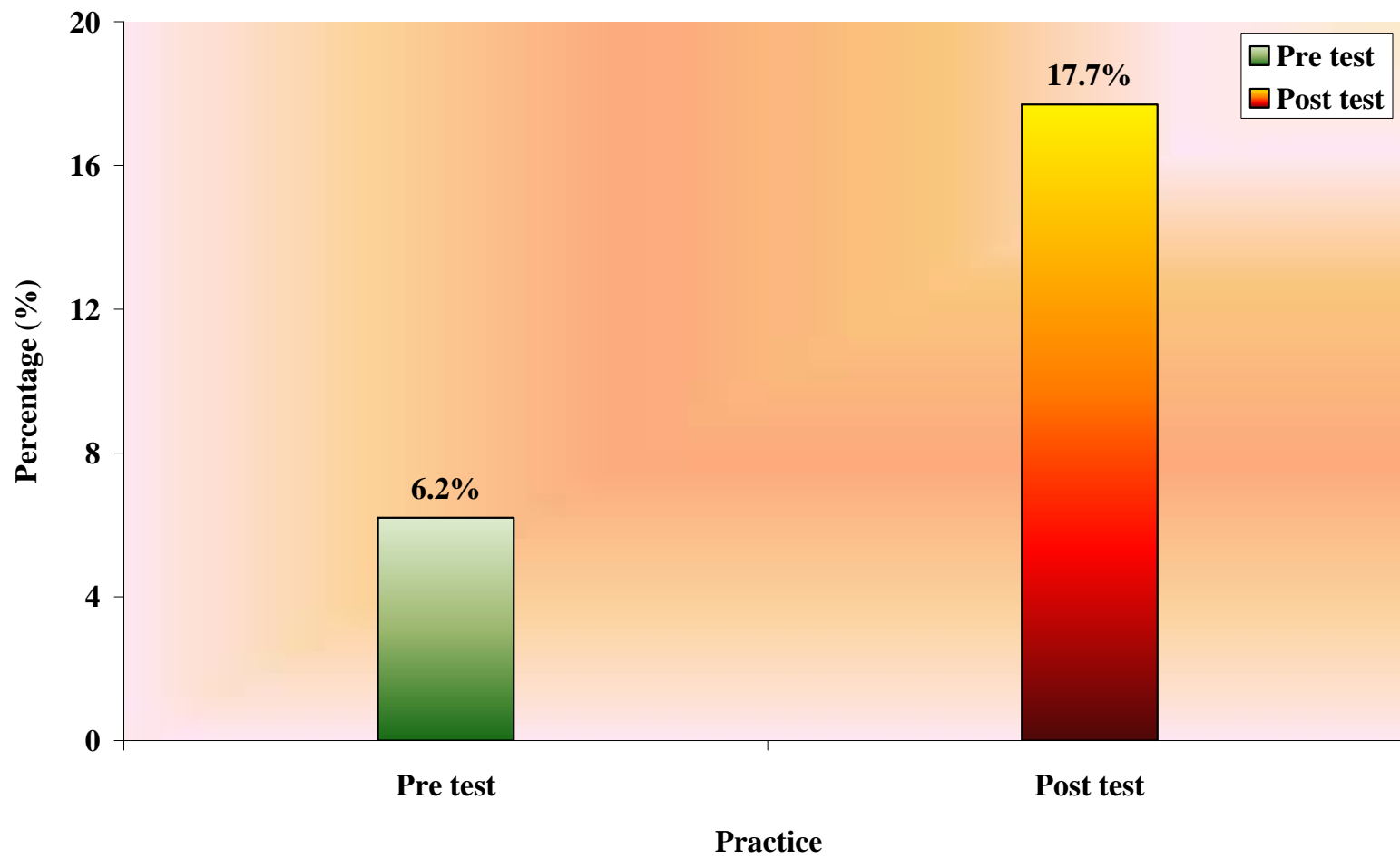


Figure. 20 Co-efficient of Variation for the Level of Practice on Postnatal Care

SECTION - IV

Table. 13 Correlation Between Knowledge and Practice Scores Regarding Postnatal Care in Pretest

(n =35)

S. No.	Pretest	Mean	S.D	'r'
1.	Knowledge	10.57	2	0.3
2.	Practice	6.2	1.31	

Table (13) shows there is a positive relation between knowledge and practice in pre test.

Table. 14 Correlation Between Knowledge and Practice Scores Regarding Postnatal Care in Post Test

(n =35)

S. No.	Post Test	Mean	S.D	'r'
1.	Knowledge	23.28	1.69	0.5
2.	Practice	17.7	1.1	

Table (14) shows there was a positive relation between knowledge and practice in post test.

SECTION - V

Table. 15 Association of Selected Demographic Variables With Level of Knowledge on Postnatal Care in Pretest

(n = 35)

S. No.	Demographic Variables	Number	Mean	't' Value	Level of Signature
1.	Age				
	(a) 22-24	20	11	1.4	0.05
	(b) 25-27	15	10		N.S
2.	Education				
	(a) Up to high school	21	11	1.5	0.05
	(b) Above high school	14	10		N.S
3.	Sources of Information regarding post-natal care				
	(a) Relatives	21	11	0.57	0.05
	(b) Neighbours	14	10.5		N.S
4.	Area of residence				
	(a) Rural	25	10	1.5	0.05
	(b) Urban	10	10.5		N.S

Table 15 shows the calculated 't' value for the age group is 1.4, which is less than the table value 2.0 at $P=0.05$ level of significance. The result reveal that there is no significance association between age and knowledge level.

With regard to educational status of the mother the calculated 't' value is 1.5 which is less than the table value 2.0 at $P=0.05$ level of significance. The result reveal that there is no significance association between Education and knowledge level.

Regarding to the collected source of information about postnatal care the calculated 't' value is .57 which is less than the table value 2.0 at $P=0.05$ level of significance. The result reveal that there is no significance association between source of information about postnatal care and knowledge level.

With regard to the area of residence the calculated 't' value is 1.5 which is less than the table value 2.0 at $P=0.05$ level of significance. The result reveal that there is no significance association between area of residence and knowledge level.

Table. 16 Association of Selected Demographic Variables with Level of Knowledge on Postnatal Care in Post Test

(n = 35)

S. No.	Demographic Variables	Number	Mean	't' Value	Level of Signature
1.	Age				
	(c) 22-24	20	23.3	0.23	0.05
	(d) 25-27	10	23		N.S
2.	Education				
	(c) Up to high school	21	23	3.3	0.05
	(d) Above high school	14	25		S
3.	Sources of Information regarding post-natal care				
	(c) Relatives	21	23.3	1.74	0.05
	(d) Neighbours	14	22.3		N.S
4.	Area of residence				
	(c) Rural	25	23.6	1.8	0.05
	(d) Urban	10	22.3		N.S

Table 16 with regard to the age group calculated 't' value is .23 which is less than the table value 2.0 at $P=0.05$ level of significance. The result reveal that there is no significance association between age and knowledge level.

With regard to educational status of the mother the calculated 't' value is 3.3 which is greater than the table value 2.0 at $P=0.05$ level of significance. The result reveal that there is a significance association between Educational status and knowledge level.

Regarding to the collected source of information about postnatal care the calculated 't' value is 1.74 which is less than the table value 2.0 at $P=0.05$ level of significance. The result reveal that there is no significance association between source of information about postnatal care and knowledge level.

With regard to the area of residence the calculated 't' value is 1.8 which is less than the table value 2.0 at $P=0.05$ level of significance. The result reveal that there is no significance association between area of residence and knowledge level.

Table. 17 Association of Selected Demographic Variables with Level of Practice Scores in Pretest

(n = 35)

S. No.	Demographic Variables	Number	Mean	't' Value	Level of Signature
1.	Age				
	(e) 22-24	20	5.4	1.2	0.05
	(f) 25-27	10	6		N.S
2.	Education				
	(e) Up to high school	21	6	1.5	0.05
	(f) Above high school	14	5		N.S
3.	Sources of Information regarding post-natal care				
	(e) Relatives	21	6	1.28	0.05
	(f) Neighbours	14	5.4		N.S
4.	Area of residence				
	(e) Rural	25	6	0.6	0.05
	(f) Urban	10	6.3		N.S

Table 17 depicts with regard to the age group calculated 't' value is 1.2 which is less than the table value 2 at $P=0.05$ level of significance. The result reveal that there is no significance association between age and practice scores.

With regard to educational status of the mother the calculated 't' value is 1.5 which is less than the table value 2 at $P=0.05$ level of significance. The result reveal that there is no significance association between Educational status and practice scores.

Regarding to the collected source of information about postnatal care the calculated 't' value is 1.28 which is less than the table value 2 at $P=0.05$ level of significance. The result reveal that there is no significance association between source of information about postnatal care and practice scores.

With regard to the area of residence the calculated 't' value is .6 which is less than the table value 2 at $P=0.05$ level of significance. The result reveal that there is no significance association between area of residence and practice scores.

Table. 18 Association of Selected Demographic Variables with Level of Practice on Postnatal Care in Post Test

(n = 35)

S. No.	Demographic Variables	Number	Mean	't' Value	Level of Signature
1.	Age				
	(g) 22-24	20	17	2.5	0.05
	(h) 25-27	15	16		N.S
2.	Education				
	(g) Up to high school	21	17	2.2	0.05
	(h) Above high school	14	15.4		N.S
3.	Sources of Information regarding post-natal care				
	(g) Relatives	21	17	3.0	0.05
	(h) Neighbours	14	16		S
4.	Area of residence				
	(g) Rural	25	17	2.1	0.05
	(h) Urban	10	16		S

Table 18 depicts With regard to the age group calculated 't' value is 2.5 which is greater than the table value 2 at $P=0.05$ level of significance. The result reveal that there is a significance association between age and practice scores.

With regard to educational status of the mother the calculated 't' value is 2.2 which greater than the table value 2 at $P=0.05$ level of significance. The result reveal that there is a significance association between Educational status and practice scores.

Regarding to the collected source of information about postnatal care the calculated 't' value is 3 which is greater than the table value 2 at $P=0.05$ level of significance. The result reveal that there is a significance association between source of information about postnatal care and practice scores.

With regard to the area of residence the calculated 't' value is 2.1 which is greater than the table value 2 at $P=0.05$ level of significance. The result reveal that there is no significance association between area of residence and practice scores.

CHAPTER - V

Results and Discussion

The purpose of the study is to assess the knowledge and practice of primi mothers regarding postnatal care. The result and discussion of the study is based on the findings obtained from the statistical analysis and interpretation in the previous chapter.

The First Objective of the Study to Assess the Knowledge and Practice of Primi Mothers Regarding Postnatal Care

The pre-test is conducted by using structures interview method, pre-test findings reveals that the mothers have inadequate knowledge regarding postnatal care. Among the selected aspects the mean value was low (2) in regard to knowledge on postnatal diet in the pre-test. This result reveals that the women were unaware of postnatal diet due to the influence of cultural factors.

The pre-test findings of practice reveals that majority of the mothers had low practice on the selected aspects of postnatal care. This reveals that utilization of postnatal care service has to be further increased through health education and publicity.

The post –test is conducted by using the same structured interview method, for the postnatal mothers. The data findings shows that there is an improvement in knowledge and practice regarding postnatal care by delivering reinforcement health education.

From the above findings it is clear that repeated health education program, reinforcement and encouragement can enhance the knowledge and practice of postnatal mothers regarding postnatal care.

The Second Objective of the Study to Reassess the Knowledge and Practice of Primi Mothers Regarding Postnatal Care

The paired 't' test (3,4,5,6,7,8,9,10) is used to evaluate the effectiveness of teaching by comparing the pre-test and post-test scores of knowledge and practice. It was found that the calculated value of 't' is greater than the expected value which indicates that there is a significant difference between pre-test and post-test scores on all aspects of postnatal care with regards to knowledge and practice. Therefore the null hypothesis is rejected. The increase in post-test score was due to structured teaching program. This result is supported by two studies conducted by Latha and Noronha.

A study was conducted to assess the effectiveness of structured teaching program on potential exercise of mothers in postnatal wards of selected maternity centers in Madurai. Quasi-Experimental design was used to select 40 postnatal mothers as sample. A structured interview schedule was used to assess the knowledge of mothers and observation checklist was used to assess the practice of mothers regarding postnatal exercises. They were given a pretest and post-test. The findings of the study showed that there was significant difference in posttest knowledge score of the experimental correlation ($r=0.86$) between knowledge and practice (Latha, 1999).

A study was conducted to find out the effectiveness of planned teaching program on episiotomy and self-perineal care among primipara women in Kasturba

Hospital, Manipal. Quasi- experimental design was used. Convenient sampling technique was used to select 60 samples (30 in each experimental and control group). Pre-test and post-test was given for both the group with structured interview schedule to assess the knowledge on episiotomy care and observation checklist to determine the ability to perform self-perineal care and pelvic floor exercise. Planned teaching was given for experimental group. The finding of the study showed that there was a significant difference between experimental and control group with regard to knowledge in the post-test ($t=26.52$) and there was an increased ability to perform self-perineal care among the primipara mothers (Noronha, 1999).

The Third Objective of the Study to Coefficient of Variation Knowledge and Practice in Both Pretest and Post Test

Table 11 shows that the co-efficient of variation of knowledge for both pre-test and post-test. The co-efficient of post-test knowledge shows(7.25) was less than the pre-test value (18.92). It implies that the post-test scores was consistent.

Table 12 shows that the co-efficient of variation of practice for both and post-test. The co-efficient for post-test practice shows(6.4%) was less than the pre-test value (21.2%). It implies that the post-test score was consistent.

The Fourth Objective of the Study to find Out Correlation Coefficient of Knowledge With Practice Scores

Table 13 shows that the correlation of knowledge with practice scores of postnatal mothers. It shows that the mean in the pre-test knowledge was 10.57(SD=2)

and pre-test practice was 6.2(SD=1.31). The “r” value of the pre-test 0.3 shows the positive correlation of knowledge with practice.

Table 14 shows that, in post-test the knowledge mean was 23.28(SD=1.69) and mean practice was 17.7 (SD=1.1). The “r” value of post-test 0.5 shows positive correlation of knowledge with practice.

The Fifty Objective of the Study to Find Out the Association of Level of Knowledge and Practice with Selected Demographic Variables

In association of the level of knowledge with selected demographic variable table 15 shows that there is no significant relationship with the demographic variables in pre-test but in post-test as indicated in table 16 reveals that there is a significant association between educational status of mother with knowledge level.

In association of the level of practice with selected demographic variable table 17 shows that there is no significant relationship with the demographic variables in pre-test but in post-test as indicated in table 18 reveals that there is a significant association between educational status of mother, age, sources of information regarding postnatal care, area of residence with practice level

CHAPTER - VI

Summary, Recommendations and Nursing Implications

Summary

The main focus of the study was to assess the knowledge and practice of postnatal care among primi mothers at Aravindan hospital Coimbatore by delivering health education regarding postnatal care.

One group pre-test post-test experimental design was adapted in the study. Primi mothers who had normal delivery at Aravindan hospital were consider as the population for the study. Sample size was 35. Non-probability convenient sampling techniques was used to select the sample.

The data was collected by questionnaire method which includes demographic data, closed ended questionnaire to assess the knowledge and practice regarding postnatal care. Descriptive statistics was used to analyses the frequency, mean and standard deviation of demographic variables, knowledge and practice. Inferential statistics was used to determine comparison, correlation and association.

The pre-test score was less in knowledge and practice regarding postnatal care among primi mothers. Education was given about various aspects of postnatal care i.e. diet, personal hygiene, postnatal exercise and breast feeding. The finding of the study revealed that there is as improvement in the posttest knowledge and practice scores. Positive correlation was seen between knowledge and practice scores.

The paired 't' test(table 3,4,5,6,7,8,9,10) was used to evaluate the effectiveness of instruction module by comparing the pre-test and post test scores of knowledge and practice in each aspect separately. It was found that the 't' value was statistically significant at $P=0.05$ level. The finding of the study revealed that there was a significant difference between pretest and post-test knowledge and practice scores.

In association of demographic variable independent 't' test (table 15,16,17,18) was used to evaluate the significant association between the selected demographic variables with the knowledge score in the pre-test and post-test. In the post-test there was a significant association between sources of information with the level knowledge on postnatal care as illustrated in table 16.

Table 18 depicts that there is a significant association between age, education, sources of information regarding postnatal care and area of residence with the level of practice scores in the post test.

Recommendations

- A study can be conducted with a larger sample size to confirm the results of the study.
- A comparative study can be conducted in rural and urban settings on postnatal care.
- A similar study can be conducted by using experimental and control group.
- Structured teaching program can be conducted on each separate aspects of postnatal care.

- Post-natal health education module can be given to all the antenatal mothers during their last weeks of 3rd trimester visits.
- A similar study can be conducted in community.
- Similar structured teaching program on postnatal care are initiated in all the rural areas.
- Educational program on postnatal care can be conducted for the family members also.

Implication of Nursing Practice

- The finding of the study indicate that all health team members should be made aware of the need of observing, Supervising, teaching and improving the postnatal care.
- Health education can be imparted through mass media that is through radio, television, documentary films, pamphlets, posters etc.
- The nurse should be equipped with up to date knowledge of self-care practice during puerperium, so that they are able to impart appropriate knowledge to the mother and family members.
- Every institution should provide maternity service.
- Nurse as an administrator should be necessarily involved in formulating policies for health education in the hospital setting as well as community.
- It is essential that the nurse educator be aware of and emphasizes the ill effects of unhealthy postnatal care practices in their teaching to the students.
- The student learning maternity nursing should be helped to understand need of post-natal mother and the students must be motivated to plan need based

health education to mother during antenatal and post-natal period by using various methods of educational technology.

- There is a wide scope for conducting research study in depth, using other tools in order to assess the knowledge and identify practices of care to postnatal care and develop good and effective policies to provide quality care to the postnatal mothers.

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ABSTRACT

Statement of the Problem : A study to assess the knowledge and practice of postnatal care among primi mothers at Aravindan hospital Coimbatore by delivering health education regarding postnatal care. **Study Objective :** (a) To assess the knowledge and practice of primi mothers regarding postnatal care. (b) To assess the knowledge of primi mothers on postnatal diet. (c) To assess the knowledge of primi mothers on personal hygiene. (d) To assess the knowledge of primi mothers on postnatal exercise. (e) To assess the knowledge of primi mothers on Breast feeding.

Methodology : One group pre-test post-test experimental design was adapted in the study. Primi mothers who had normal delivery at Aravindan hospital were considered as the population for the study. Sample size was 35. Non-probability convenient sampling techniques were used to select the sample. The data was collected by questionnaire method which includes demographic data, closed ended questionnaire to assess the knowledge and practice regarding postnatal care. **Result :** Descriptive statistics were used to analyse the frequency, mean and standard deviation of demographic variables, knowledge and practice. Inferential statistics were used to determine comparison, correlation and association. The pre-test score was less in knowledge and practice regarding postnatal care among primi mothers. Education was given about various aspects of postnatal care i.e. diet, personal hygiene, postnatal exercise and breast feeding. The findings of the study revealed that there was an improvement in the posttest knowledge and practice scores. Positive correlation was seen between knowledge and practice scores. The paired 't' test was used to evaluate the effectiveness of the instruction module by comparing the pre-test and post test scores of knowledge and practice in each aspect separately. It was found that the 't' value

was statistically significant at $P=0.05$ level. The finding of the study revealed that there was a significant difference between pretest and post-test knowledge and practice scores. In association of demographic variable independent 't' test was used to evaluate the significant association between the selected demographic variables with the knowledge score in the pre-test and post-test. In the post-test there was a significant association between sources of information with the level knowledge on postnatal care. There is a significant association between age, education, sources of information regarding postnatal care and area of residence with the level of practice scores in the post test. **Conclusion :** The study revealed that there is a significant difference in pretest and post test among employed others.



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To

Through

The Principal,

PPG College of Nursing

Coimbatore – 35.

Respected Sir,

Sub : Seeking permission for conducting research study

I am a student of M.Sc Nursing in PPG College of Nursing. Our college is affiliated to the Tamilnadu Dr. M. G. R Medical University, Chennai. I have taken the specialization in Obstetrics and Gynaecology Nursing.

**Topic : A STUDY TO ASSESS THE KNOWLEDGE AND PRACTICE ON
SELECTED ASPECTS OF POSTNATAL CARE AMONG PRIMI
MOTHERS IN ARAVINDAN HOSPITAL, COIMBATORE**

I request you to kindly permit me to conduct my study in your Hospital. Hope you will consider my requisition and do the needful.

Thanking you,

Yours sincerely,

Date :

Place : Coimbatore

Requisition Letter for Content Validity

From

M.Sc (N) II Year,
PPG College of Nursing,
Coimbatore – 35.

To

Through : Principal, PPG College of Nursing

Respected Sir/Madam,

Sub : Requisition for expert opinion and suggestion for content validity of tool

I am a student of M.Sc (N) II year, PPG College of Nursing affiliated to the Tamilnadu Dr. M. G. R. Medical University, Chennai. As a partial fulfillment of the M.Sc (N) programme. I am conducting.

**A STUDY TO ASSESS THE KNOWLEDGE AND PRACTICE ON
SELECTED ASPECTS OF POSTNATAL CARE AMONG PRIMI MOTHERS
IN ARAVINDAN HOSPITAL, COIMBATORE**

Herewith I have enclosed the developed tool for content validity and for the expert opinion and possible solution. It would be very kind of you to return the same as early as possible.

Thanking you,

Yours faithfully,

PPG College of Nursing
Format for the Content Validity

Name of the expert :

Address :

Total content for the tool :

Kindly validate each tool and tick wherever applicable

S.No	No. of Tool/Section	Strongly Agree	Agree	O.K	Not Applicable	Need Modification	Remarks

Remarks

Signature of the Expert with Date

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PART - A

Demographic Variables

Instructions

Kindly go through each item of the questionnaire carefully and indicate your response by placing a (✓) tick mark in the given box

Sample No. : _____

1. Age (in years)

- a) 22-23 ☐
- b) 24-25 ☐
- c) 26-27 ☐

2. Educational Status of Mother

- a) Secondary ☐
- b) Higher Secondary ☐
- c) Graduates ☐
- d) Post Graduates ☐

3. Occupational Status of Mother

- a) Employed ☐
- b) Unemployed ☐

4. Family Income

- a) Below ₹. 4000/- ☐
- b) ₹. 4000/- ₹. 7000/- ☐
- c) ₹. 7001/- and above ☐

5. Religion

- a) Hindu ☐
- b) Muslim ☐
- c) Christian ☐

6. Type of the family

- a) Nuclear ☐
- b) Joint ☐

7. Area of Residence

- a) Urban ☐
- b) Rural ☐

8. Source of Information Regarding Postnatal Care

- a) Relatives and friends ☐
- b) Neighbours ☐
- c) Health personnel ☐

PART - B

Questions Related to Assess the Knowledge of Postnatal Mothers Regarding Postnatal Care

Instructions

Kindly go through each item of the questionnaire carefully and indicate your response by placing a (✓) tick mark in the given box

a) Postnatal Diet

1. What are the essential nutrients to be included in the postnatal diet?

- a) Carbohydrate, proteins, fats, vitamins and minerals ☐
- b) Carbohydrate and fats ☐
- c) Proteins and Vitamins ☐
- d) Vitamins and Minerals ☐

2. What is the purpose of taking well balanced diet during the postnatal period?

- a) Reduce the weight ☐
- b) Maintain the maternal health and promote milk production ☐
- c) Aid in the involution of uterus ☐
- d) Maintain blood volume ☐

3. What are the rich sources of protein?

- a) Animal food , milk, milk products, pulses, legumes and nuts ☐
- b) Cereals and millets ☐
- c) Roots and Tubers ☐
- d) Vegetables and fruits ☐

4. Why postnatal mothers needs high protein diet?

- a) For formation of new tissue and to improve resistance power ☐
- b) Improve circulation ☐
- c) Formation of nerve cells ☐
- d) Formation of blood ☐

5. What are the food sources rich in iron?

- a) Milk and milk products ☐
- b) Rice and Rava kanji ☐
- c) Green leafy vegetables, Jaggery and liver ☐
- d) Amla and lemon ☐

6. What are the good sources of fiber?

- a) Whole grains, pulse, legumes, fruits and green leafy vegetables ☐
- b) Cereals and millets ☐
- c) Pulse and Legumes ☐
- d) Roots and Tubers ☐

7. What is the importance of giving high fiber diet to the postnatal mother?

- a) To prevent constipation and to have regular bowel movement ☐
- b) To help in wound healing ☐
- c) To improve resistance ☐
- d) To reduce the size of the abdomen ☐

8. What are the good sources of vitamin and minerals?

- a) Fruits, Vegetables, Animal foods ☐
- b) Cereals and millets ☐
- c) Roots and Tubers ☐
- d) Only vegetables ☐

9. How much amount of fluid should postnatal mother take per day?

- a) Below 1 liter ☐
- b) 1.5 – 2 liter ☐
- c) 3 – 3.5 liter ☐
- d) Above 4 liter ☐

10. What are the good sources of calcium?

- a) Milk, milk products, eggs, fish, ragi, legumes and nuts. ☐
- b) Cereals and millets ☐
- c) Roots and Tubers ☐
- d) Vegetables and fruits ☐

b) Personal Hygiene

11. What is the importance of maintaining personal hygiene?

- a) To promote health, to preserve health and aesthetic sense ☐
- b) To improve strength of the body ☐
- c) To promote physical activities ☐
- d) To prevent bleeding ☐

12. How often hand washing should be done?

- a) After attending toilet each time, before and after feeding,
before and after eating ☐
- b) Only after defecation ☐
- c) Only after maturation ☐
- d) Before eating ☐

13. What is the purpose of keeping perineal area clean?

- a) To prevent infection to the reproductive tract ☐
- b) To prevent prolapsed of the uterus ☐
- c) To prevent bleeding ☐
- d) To improve circulation ☐

14. How frequently should perineum be washed?

- a) After each micturation and defecation ☐
- b) Only after micturation ☐
- c) Only after defecation ☐
- d) Only during bathing time ☐

15. How often perineal pads should be changed?

- a) Whenever it gets soaked (dirty) ☐
- b) Once in 8 hours ☐
- c) Once in 12 hours ☐
- d) Once in 6 hours ☐

16. What are the solutions used for cleaning the perineum?

- a) Warm water ☐
- b) Soap water ☐
- c) Dettol solution ☐
- d) Tap water ☐

c) Postnatal Exercise

17. When postnatal mothers can move out of bed?

- a) 6 hours after delivery ☐
- b) 12 hours after delivery ☐
- c) 18 hours after delivery ☐
- d) 24 hours after delivery ☐

18. When postnatal mother can start performing house hold activities?

- a) Same day after delivery ☐
- b) Two day after delivery ☐
- c) Three day after delivery ☐
- d) One week after delivery ☐

19. What is the advantage of early ambulation during postnatal period?

- a) Improve circulation, prevent urinary complications and helps in involution of the uterus ☐
- b) Maintain body figure ☐
- c) Controls bleeding ☐
- d) Prevents infection ☐

20. What type of exercises are necessary during postnatal period?

- a) Walking ☐
- b) Deep breathing , abdominal, pelvic and leg exercise ☐
- c) Carry out household activities ☐
- d) Not necessary ☐

21. When postnatal mother can perform deep breathing exercises?

- a) Four days after delivery ☐
- b) Three days after delivery ☐
- c) Two days after delivery ☐
- d) On the day of delivery ☐

22. What are the advantages of pelvic floor exercise?

- a) Prevents constipation ☐
- b) Prevents hemorrhoids ☐
- c) Strengthens pelvic floor muscles and prevent incontinence of urine ☐
- d) Control bleeding ☐

23. How many times postnatal exercises should be performed in a day?

- a) Once in a day ☐
- b) Twice in a day ☐
- c) Thrice in a day ☐
- d) Should not be performed ☐

d) Breast Feeding

24. When postnatal mothers should start breast feeding?

- a) 24 hours after delivery ☐
- b) 16 to 18 hours after delivery ☐
- c) 8 to 10 hours after delivery ☐
- d) Soon after delivery ☐

25. What is the importance of feeding colostrums?

- a) It provides proteins, antibodies and resistant power ☐
- b) It is easy to digest ☐
- c) It is rich in vitamins ☐
- d) It help in maintaining body temperature ☐

26. How often to do you breast feed your baby?

- a) Once in two hours ☐
- b) Once in four hours ☐
- c) Schedule feeding ☐
- d) Demand feeding ☐

27. Specify the duration of breast feeding time of each breast?

- a) 20 to 30 mins ☐
- b) 15 to 20 mins ☐
- c) 10 to 15 mins ☐
- d) 5 to 10 mins ☐

29. How do you burp your baby after the feed?

- a) By placing the baby on shoulders and by patting the back gently ☐
- b) By keeping the baby in lying position ☐
- c) By keeping the baby in supine position ☐
- d) Not necessary to burp ☐

30. What is the reason for burping your baby after each feed?

- a) To prevent regurgitation ☐
- b) To induce sleep ☐
- c) To expel the air ☐
- d) To make the baby comfortable ☐

PART - C

Questions Related to Assess the Practice of Postnatal Mothers

Regarding Postnatal Care

Postnatal Diet

1. Do you take normal diet on the same day of delivery?

Yes ☐ No ☐

2. Do you take balanced diet during postnatal period?

Yes ☐ No ☐

3. Do you take vegetables during post natal period?

Yes ☐ No ☐

4. Do you take foods like garlic and dry fish which is enhance milk secretion?

Yes ☐ No ☐

5. Do you take all types of fruits during postnatal period?

Yes ☐ No ☐

Personal Hygiene

6. Do you clean your perineum from front to back?

Yes ☐ No ☐

7. Do you change the perenium pad whenever it gets soaked?

Yes ☐ No ☐

8. Do you use cotton pads?

Yes ☐ No ☐

9. Do you clean your perenium with any antiseptic solution each time after defecation and urination?

Yes ☐ No ☐

10. Do you take bath once in a day?

Yes ☐ No ☐

Postnatal Exercises

11. Do you practice any postnatal exercises?

Yes ☐ No ☐

12. Do you feel good bladder control after performing the perineum floor exercises?

Yes ☐ No ☐

13. Do you perform leg exercises by rotating ankles and flexing and extending the legs

Yes ☐ No ☐

14. Do you feel active after the exercise?

Yes ☐ No ☐

15. Do you practice postnatal exercise for about four to six weeks?

Yes ☐ No ☐

Breast Feeding

16. Do you feed your baby by sitting position with supporting the babies head with elbow?

Yes ☐ No ☐

17. Do your baby sucks nipple with areola while breast feeding?

Yes ☐ No ☐

18. Do you breast feed your baby using both the breast each time?

Yes ☐ No ☐

19. Do you apply hot fomentation and express the milk if your breast is engorged?

Yes ☐ No ☐

20. Do you position the baby on the right side after breast feeding?

Yes ☐ No ☐

Scoring Key

Total Marks : 20

1 Mark for Yes answer

0 Mark for No answer

PART - B

Scoring Key

Q.No.	Answer	Score
1.	a	1
2.	b	1
3.	a	1
4.	a	1
5.	c	1
6.	a	1
7.	a	1
8.	a	1
9.	c	1
10.	a	1
11.	a	1
12.	a	1
13.	a	1
14.	a	1
15.	a	1
16.	c	1
17.	a	1
18.	d	1
19.	a	1
20.	b	1
21.	d	1
22.	c	1
23.	b	1
24.	a	1
25.	a	1
26.	d	1
27.	c	1
28.	a	1
29.	a	1
30.	a	1

Đ° F - Û

«i ~èfí ™ ° ¬ø

W«ö º èf´, èŠđ†´æ÷ Mùf, è¬÷ đ®^¶ êKðfù M¬ì ¬ò
«i ~%ºi´^¶ (✓) º èfð¾<

1. â± _____

2. Õò¶

Ü) 22 -23 Ý ± ´èæ ☐

Ý) 24-25 Ý ± ´èæ ☐

Ð) 26 -27 Ý ± ´èæ ☐

3. î fJ j è™M^î ° F

Ü) 10 Ý < Õ° Š¹ Õ¬ó ☐

Ý) 12 Ý < Õ° Š¹ Õ¬ó ☐

Ð) đ†ì Šđ®Š¹ ☐

ß) ° ¶è¬ô đ†ì Šđ®Š¹ ☐

4. ° ´ < đ^F j ñfî õ¼ñfù <

Ü) ₹. 4000 ñŸÁ < Üî Ÿ° W> ☐

Ý) ₹. 4001 ° î ™ ₹. 7000 ☐

Ð) ₹. 7001 ñŸÁ < Üî Ÿ° «ñ™ ☐

5. ñî <

Ü) Þ%¶ ☐

Ý) ° √ h< ☐

Þ) APvî õ~ ☐

6. ° ´ < ð G→ô

Ü) î Q, ° ´ < ð< ☐

Ý) Ã† ´, ° ´ < ð< ☐

7. õC, ° l ì <

Ü) ï èó< ☐

Ý) Aó£ñ< ☐

8. ñèŠ«ðÁ, ° H_l ðó£ñKŠ¹ ðŸP ÜPî™

Ü) ï ‡ ð~èœ ñŸÁ< àøMù~èœ ☐

Ý) Ü¼A™ àœ÷ õ~èœ ☐

Þ) ñ¼^¶ õñ→ù á Nò~èœ ☐

ð° F - Ý

ñèŠ«ðÁ Hð° ðóĤñKŠ¹ ðŸP î ĤJ ĵ ÜP¬õ ðK«êĤF, ° <
«èœMèœ

W«ö º èĤ´, èŠð†´œ÷ MùĤ, è¬÷ ð®^¶ êKðĤù M¬î ¬ð
«î ~%ª î´ ^¶ (✓) º êĤð³⁄₄<

ñèŠ«ðÁ HŸèĤô àí ¾ ° ¬ð

1. ñèŠ«ðÁ HŸèĤô^F™ â%ª î%î àí ¾ õ¬èè¬÷ â´ ^¶,
º èĤœ÷ «õ‡´ <.

Ü) è~«ðĤý «ì ~†, ¹ î <, º èĤĵ Š¹ M†î Ĥ ĵ, î Ĥ¶ àŠ¹ èœ ☐

Ý) è~«ðĤý «ì ~†, ñŸÁ< º èĤĵ Š¹ ☐

Þ) ¹ ó î < ñŸÁ< M†î Ĥ ĵ ☐

ß) M†î Ĥ ĵ ñŸÁ< î Ĥ¶ àŠ¹ ☐

2. ñèŠ«ðŸÁ HŸèĤô^F™ êKMAî àí ¾ â´ ^¶ º èĤœõFĵ
° P, «èĤœ

Ü) â¬î ° ¬ð¾ ☐

Ý) ðĤ™ ²ó^î ¬ô ÜFèĤKèœ, àî™î ô^¬î ðóĤñK^î™ ☐

Þ) è¼Š¬ð î ĵ Q¬ô Ü¬î î™ ☐

ß) Þó^î æ†î ^¬î YóĤ, ° î™ ☐

3. ¹ ó î ê^¶ ÜFè° œ÷ àí ¾ º ðĤ¼†èœ âĵ ù?

Ü) Þ¬ð„C, ðĤ™ ñŸÁ< ðĤ™ ð¼î ~ õ¬èèœ,

ð¼Š¹ õ¬èèœ º èĤ†¬î õ¬èèœ ñŸÁ< î ĤQðfèœ ☐

Ý) ðJ Áèœ ñŸÁ< º èĤ†¬î õ¬èèœ ☐

Þ) Aðfèœ ñŸÁ< î Ĥ~, ê^¶œ÷ º ðĤ¼†èœ ☐

ß) èĤĤèPèœ ñŸÁ< ððfèœ ☐

4. ÜFèŠǾ®ò£ù ¹ óî ê^¶œ÷ àí ¾è¬÷ â´, è è£óí < â¡ ù?

Ü) ¹ Fî £ù F², è¬÷ Ǿ÷~„C Ü¬î õîŸ° < , âF~Š¹

ÜFèŠǾ´^¶õîŸ° < ☐

Ý) Þó^î æ†î ^¬î Yóf, è ☐

Þ) î ó< ¹ ºê™è¬÷ Ǿ÷~„Cò¬î ò ☐

ß) Þó^î ^¬î àŸǾ^F ºê£ò ☐

5. ÜFèŠǾ®ò£ù Þ¼< ¹ „ ê^¶œ÷ àí ¾Š ºǾ£¼†èœ

Ü) Ǿ£™ ñŸÁ< Ǿ£™ ºǾ£¼†èœ ☐

Ý) ÜKC, ñŸÁ< ó¬Ǿ è...C ☐

Þ) Ǿ„¬ê, è££èPèœ ñŸÁ< W¬ó Ǿ¬èèœ,

ºǾ™Ǿ< ñŸÁ< Þó™ ☐

ß) ºî™L, è££ ñŸÁ< â½l „¬êŠǾö< ☐

6. ÜFèŠǾ®ò£ù î£~„ê^¶œ÷ àí ¾Š ºǾ£¼†èœ

Ü) ° ¿ î£Qòfèœ, Ǿ†î £E , Ǿ¼Š¹ è££èPèœ,

Ǿ„¬ê W¬óèœ ñŸÁ< Ǿöfèœ ☐

Ý) î£Qòfèœ ñŸÁ< î õî£Qòfèœ ☐

ß) Aöf° èœ ☐

7. ÜFèŠǾ®ò£ù î£~„ê^¶œ÷ àí ¾Š ºǾ£¼†è¬÷ â´, è
è£óí < â¡ ºù¡ ù?

Ü) ñô„C, è¬ô î´, è ☐

Ý) ¹ ‡ ÝÁõîŸ° ☐

Þ) «î££ âF~Š¹ ê, F¬ò ÜFèŠǾ´^î ☐

ß) ǾJÁ° ¬øõîŸ° ☐

8. ÛFèŠ ð®ð£ù M†ì l j èœ ñŸÁ< î£¶ àŠ¹èœ àœ÷ àí ¾
 ª ð£¼†èœ âj ªùj ù?

Ü) ðöfèœ, è££èPèœ ñŸÁ< Þ¬ø„C ☐

Ý) ðJ Áèœ ñŸÁ< ï õî £Qðfèœ ☐

Þ) î£¬„ ê^¶œ÷ ª ð£¼†èœ ñŸÁ< Aöfèœ ☐

ß) è££èPèœ ñ†´< ☐

9. ñèŠ«ðŸÁ è£ô^FŸ° Hø° î££ å¼î£¬÷, ° â´^¶, ªè£œ÷
 «õ‡ ®ð cKj Ü÷¾

Ü) 1 L†ì ~ ☐

Ý) 1.5 - 2L†ì ~ ☐

Þ) 3 - 3.5 L†ì ~ ☐

ß) 4 L†ì ~ ☐

10. ÛFèŠð®ð£ù è£™Cò< G¬ø%î àí ¾Š ª ð£¼†èœ
 âj ªùj ù?

Ü) ð£™ ñŸÁ< ð£ô ª ð£¼†èœ, °†¬ì, e j ,
 «è» õó°, ð†ì £Q ñŸÁ< ªè£†¬ì èœ ☐

Ý) ðJ Áèœ ñŸÁ< ï õî £Qðfèœ ☐

Þ) Aöf° èœ ñŸÁ< î£¬C ê^¶œ÷ ª ð£¼†èœ ☐

ß) ðöfèœ ñŸÁ< è££èPèœ ☐

îj ²è£î£ó<

11. îj ²è£î£ó^F™¹, Að^¶õ< âj ù?

Ü) àî™ îô< °j «ùŸø^FŸè£è ☐

Ý) àî ŸðJŸC¬ò ªî£î ~õîŸè£è ☐

Þ) Þó^îŠ «ð£, ¬èî´ŠõîŸè£è ☐

12. $\hat{a} \hat{S}^a \partial \epsilon_{\hat{L}} \hat{a} \hat{I}^{\text{TM}} \partial \epsilon_{\hat{L}} \rightarrow \hat{e} \hat{e} \rightarrow \div \hat{e}_{\hat{L}} \hat{O} \ll \hat{O} \hat{\dagger} \hat{\prime} \hat{<}$?

Ü) $\hat{n} \hat{O} \hat{<}, \hat{n} \hat{Y} \hat{A} \hat{<} \hat{C} \hat{A} \hat{c} \hat{\sim} \hat{e} \hat{N} \hat{\wedge} \hat{I} \hat{H} \hat{j} \hat{1}, \partial \epsilon \hat{O} \hat{\dagger} \hat{\prime} \hat{O} \hat{I} \hat{Y}^{\circ}$

$\hat{O} \hat{j} \hat{1} \hat{<}, \hat{H} \hat{j} \hat{1} \hat{<}$

☐

Ý) $\hat{n} \hat{O} \hat{<} \hat{e} \hat{N} \hat{\wedge} \hat{I} \hat{H} \hat{\emptyset}^{\circ} \hat{n} \hat{\dagger} \hat{\prime} \hat{<}$

☐

Ð) $\hat{C} \hat{A} \hat{c} \hat{\sim} \hat{e} \hat{N} \hat{\wedge} \hat{I} \hat{H} \hat{\emptyset}^{\circ} \hat{n} \hat{\dagger} \hat{\prime} \hat{<}$

☐

ß) $\hat{e} \epsilon \hat{S} \hat{H} \hat{\dagger} \hat{i} \hat{H} \hat{\emptyset}^{\circ} \hat{n} \hat{\dagger} \hat{\prime} \hat{<}$

☐

13. $\hat{H} \hat{\emptyset} \hat{S}^1 \hat{a} \hat{A} \hat{S}^1 \hat{e} \rightarrow \div \hat{E} \hat{\epsilon} \rightarrow \hat{n} \hat{\partial} \hat{e} \hat{e} \rightarrow \hat{O} \hat{S} \hat{\partial} \hat{I} \hat{j} \ll \hat{i} \hat{\epsilon}, \hat{e} \hat{<} \hat{a} \hat{j} \hat{u}$?

Ü) $\hat{P} \hat{u} \hat{S}^a \hat{\partial} \hat{1}_4, \hat{e} \hat{n} \hat{\dagger} \hat{i} \hat{O} \hat{\wedge} \hat{F}^{\text{TM}} \hat{a} \hat{I} \hat{\epsilon} \hat{Y} \hat{A} \hat{a} \hat{Y} \hat{\partial} \hat{i} \hat{\epsilon} \hat{n}^{\text{TM}} \hat{P} \hat{1}_4, \hat{e}$

☐

Ý) $\hat{e} \hat{1}_4 \hat{S} \rightarrow \hat{\partial} \hat{W} \ll \hat{O} \hat{O} \hat{\epsilon} \hat{n}^{\text{TM}} \hat{P} \hat{1}_4, \hat{e}$

☐

Ð) $\hat{P} \hat{O} \hat{\wedge} \hat{I} \ll \partial \epsilon, \rightarrow \hat{e} \hat{e} \hat{\dagger} \hat{\prime} \hat{S} \hat{\partial} \hat{\prime} \hat{\wedge} \hat{I}$

☐

ß) $\hat{P} \hat{O} \hat{\wedge} \hat{I} \hat{\epsilon} \hat{\dagger} \hat{i} \hat{\wedge} \rightarrow \hat{I} \hat{U} \hat{F} \hat{e} \hat{K}, \hat{e}$

☐

14. $\hat{a} \hat{S}^a \partial \epsilon_{\hat{L}} \hat{a} \hat{I}^{\text{TM}} \partial \epsilon_{\hat{L}} \hat{H} \hat{\emptyset} \hat{S}^1 \hat{a} \hat{A} \hat{S} \rightarrow \hat{\partial} \hat{Z} \hat{\wedge} \hat{I} \hat{<}^a \hat{e} \hat{\epsilon} \hat{O} \hat{\epsilon} \hat{\epsilon}$?

Ü) $\hat{C} \hat{A} \hat{c} \hat{\sim} \hat{n} \hat{Y} \hat{A} \hat{<} \hat{n} \hat{O} \hat{<} \hat{e} \hat{N} \hat{\wedge} \hat{I} \hat{H} \hat{\emptyset}^{\circ}$

☐

Ý) $\hat{C} \hat{A} \hat{c} \hat{\sim} \hat{e} \hat{N} \hat{\wedge} \hat{I} \hat{H} \hat{\emptyset}^{\circ} \hat{n} \hat{\dagger} \hat{\prime} \hat{<}$

☐

Ð) $\hat{n} \hat{O} \hat{<} \hat{e} \hat{N} \hat{\wedge} \hat{I} \hat{H} \hat{\emptyset}^{\circ} \hat{n} \hat{\dagger} \hat{\prime} \hat{<}$

☐

ß) $\hat{O} \hat{O}, \hat{O} \hat{<} \ll \partial \epsilon \hat{\P} \hat{n} \hat{\dagger} \hat{\prime} \hat{<}$

☐

15. $\hat{a} \hat{\wedge} \hat{I} \rightarrow \hat{u} \hat{O} \rightarrow \emptyset, \hat{O} \hat{a} \hat{1}_4 \hat{O} \rightarrow \emptyset \hat{\P} \hat{E} \rightarrow \hat{\partial} \hat{n} \hat{\epsilon} \hat{Y} \hat{\emptyset} \ll \hat{O} \hat{\dagger} \hat{\prime} \hat{<} ?$

Ü) $\hat{B} \hat{O} \hat{n} \hat{\epsilon} \hat{u} \hat{H} \hat{\emptyset}^{\circ} \hat{a} \hat{i} \ll \hat{u} \hat{n} \hat{\epsilon} \hat{Y} \hat{\emptyset} \hat{3}_4 \hat{<}$

☐

Ý) $8 \hat{n} \hat{E} \ll \hat{i} \hat{O} \hat{\wedge} \hat{F} \hat{Y}^{\circ} \hat{a} \hat{1}_4 \hat{O} \rightarrow \emptyset$

☐

Ð) $12 \hat{n} \hat{E} \ll \hat{i} \hat{O} \hat{\wedge} \hat{F} \hat{Y}^{\circ} \hat{a} \hat{1}_4 \hat{O} \rightarrow \emptyset$

☐

ß) $6 \hat{n} \hat{E} \ll \hat{i} \hat{O} \hat{\wedge} \hat{F} \hat{Y}^{\circ} \hat{a} \hat{1}_4 \hat{O} \rightarrow \emptyset$

☐

16. $\hat{a} \in \mathbb{R}^n$ è un vettore in \mathbb{R}^n tale che $\hat{a}^T \hat{a} = 1$. Si consideri la matrice $A \in \mathbb{R}^{n \times n}$ definita da

U) $A_{ij} = \hat{a}_i \hat{a}_j$ per $i, j = 1, \dots, n$. ☐

Y) $A_{ij} = \delta_{ij} - \hat{a}_i \hat{a}_j$ per $i, j = 1, \dots, n$. ☐

P) $A_{ij} = \delta_{ij} + \hat{a}_i \hat{a}_j$ per $i, j = 1, \dots, n$. ☐

B) $A_{ij} = \delta_{ij} - 2\hat{a}_i \hat{a}_j$ per $i, j = 1, \dots, n$. ☐

17. Sia $\hat{a} \in \mathbb{R}^n$ un vettore unitario. Si consideri la matrice $A \in \mathbb{R}^{n \times n}$ definita da $A_{ij} = \delta_{ij} - \hat{a}_i \hat{a}_j$. Qual è il rango di A ?

U) $\text{rang}(A) = n$. ☐

Y) $\text{rang}(A) = n-1$. ☐

P) $\text{rang}(A) = n-2$. ☐

B) $\text{rang}(A) = n-3$. ☐

18. Sia $\hat{a} \in \mathbb{R}^n$ un vettore unitario. Si consideri la matrice $A \in \mathbb{R}^{n \times n}$ definita da $A_{ij} = \delta_{ij} - \hat{a}_i \hat{a}_j$. Qual è il determinante di A ?

U) $\det(A) = 1$. ☐

Y) $\det(A) = -1$. ☐

P) $\det(A) = 0$. ☐

B) $\det(A) = (-1)^{n-1}$. ☐

19. Sia $\hat{a} \in \mathbb{R}^n$ un vettore unitario. Si consideri la matrice $A \in \mathbb{R}^{n \times n}$ definita da $A_{ij} = \delta_{ij} - \hat{a}_i \hat{a}_j$. Qual è il valore di $\text{tr}(A)$?

U) $\text{tr}(A) = n$. ☐

Y) $\text{tr}(A) = n-1$. ☐

P) $\text{tr}(A) = n-2$. ☐

B) $\text{tr}(A) = n-3$. ☐

20. HóêÕ^Fÿ° H_j ¹ â_j ù Õ¬èòèè àì ÿðJ ÿC¬ò «ñÿ^a èèæi ~?

Ü) ïî ^î™ ☐

Ý) Ý öñèù Í „²Š ðJ ÿC, Þ´ Š¹, ñÿÁ< èè™

ê< ñ%î Šð†ì ðJ ÿC ☐

Þ) í †´ «Õ¬òèè ☐

ß) àì ÿðJ ÿC â¶¼< ^a èèèè¬ñ ☐

21. âŠ^a ðè¿ ^a î™ òè< Ý öñèù Í „CŠ ðJ ÿC ^a èèî™ «Õ‡´<?

Ü) HóêÕ^F_j H_j, ïè_j ° ïè†èÀ, ° Hø° ☐

Ý) Í_j Á ïè†èÀ, ° Hø° ☐

Þ) 2 ïè†èÀ, ° Hø° ☐

ß) HóêÕ< ° ®%î, Ü«î ïèO™ ☐

22. Þ´ Š¹ ðJ ÿC¬ò «ñÿ^a èèæèF_j î ù¬ñ â_j ù?

Ü) ñò„C, è¬ò î´, è ☐

Ý) Í ô^¬î î´, è ☐

Þ) Þ´ Š¹ î¬èèæ ÕL ¬ñ¬ò ñÿÁ< CÁc~

ï_j øèè ^a ÕO«òø ☐

ß) Þó^î Š «ðè, ¬è î´, è ☐

23. å¼ ïè¬÷, ° â^î¬ù ° ¬ø àì ÿðJ ÿC¬ò «ñÿ^a èèæèèè?

Ü) å¼ ïè¬÷, ° å¼ îì¬õ ☐

Ý) å¼ ïè¬÷, ° Í_j Á îì¬õ ☐

Þ) å¼ ïè¬÷, ° 4 ° ¬ø ☐

ß) å¼ ïè¬÷, ° Þó‡´ ° ¬ø ☐

ðŁÖ†ˆ™

24. āŠª ðŁĲ ¶ HóêŒ^FY° Hĵ ° Œ%¬ĥ, ° ðŁÖ†ˆ ðŁĲ?

Ü) 24 ñE «ĭó^FY° Hĵ ☐

Ý) 16 T Œ 18 ñE «ĭó^FY° Hĵ ☐

Þ) 8 T Œ ñE «ĭó^FY° Hĵ ☐

ß) HóŒê< ° ®%ĥ àĭ «ù Ü¬óñE «ĭó^FY° ĥ¼ĥ™ ☐

25. ° ĥĵ ° ĥL™ ðŁÖ†ˆ Lĵ ° P, «èæ âĵ ù?

Ü) ¹ «óŁ†®ĵ, «ĭŁĲ âF~Š¹ è, F, «ĭŁĲ ĥˆŠ¹

° Œ%¬ĥ (àĭ < ¹) ☐

Ý) M¬óM™ª êMñŁù< Ýè ☐

Þ) ÜFèñŁù M†ĭ Ĭĵ èÀ, èæ ☐

ß) àĭ™ª ŒŠŒ^¬ĥ YóŁ, è ☐

26. HóêŒ^FY° Hĵ, ĥŁĲ ° Œ%¬ĥ, ° âĥ¬ù ° ¬ø ðŁÖ†ˆ™

«Œ†ˆ<?

Ü) 6 ñE «ĭó^FY° å¼ĥĭ¬Œ ☐

Ý) 8 ñE «ĭó^FY° å¼ĥĭ¬Œ ☐

Þ) 2 ñE «ĭó^FY° å¼ĥĭ¬Œ ☐

ß) ° Œ%¬ĥ «ĥ¬ŒŒŒÁ<ª ðŁªĥ™Œ< ☐

27. ðŁÖ†ˆ Lĵ «ðŁ¶ āŠª Œ¼ ñŁ~ðè^F½< âĥ¬ù ° ¬ø

ª èŁˆ, è «Œ†ˆ<?

Ü) 22 ° ĥ™ 30 GI ĭ fèæ ☐

Ý) 15 ° ĥ™ 20 GI ĭ fèæ ☐

Þ) 10 ° ĥ™ 15 GI ĭ fèæ ☐

ß) 5° ĥ™ 10 GI ĭ fèæ ☐

ð° F - Þ

ñèŠ«ðÁ Hÿè£ô ðó£ñKŠ¹ ðŸP î £J î º ê£º ¬øè¬÷

ðK«ê£F, ° < «èœMèœ

ñèŠ«ðÁŠ Hÿè£ôŠ ðó£ñKŠ¹

1. HóêÕ< î î %î Û î «ø ê£î £óî àí ¾ º ð£¼†è¬÷

à† º è£œAl ~è÷£?

Ý < ☐ Þ™¬ô ☐

2. HóêÕ^FŸº Høº êKMAî àí ¬õ â´^¶ º è£œAl ~è÷£?

Ý < ☐ Þ™¬ô ☐

3. HóÕê^FŸº Høº ð„¬ê è££èPè¬÷ à† º è£œAl ~è÷£?

Ý < ☐ Þ™¬ô ☐

4. Û¬ù^¶ õ¬èð£ù ðö< õ¬èè¬÷ â´^¶ º è£œAl ~è÷£?

Ý < ☐ Þ™¬ô ☐

5. Ì ‡´ ñŸÁ< è¼õ£´ «ð£î ø ð£™ ÛFè< ²ó, ° <

àí ¾ º ð£¼†è¬÷ à† º è£œW~èœ?

Ý < ☐ Þ™¬ô ☐

î î ²è£î £ó<

1. à î HøŠ¹ ÁŠ¬ðº î ù£™ Þ¼%¶ H î ù£™ õ¬ó ²^î <

º ê£i ~è÷£?

Ý < ☐ Þ™¬ô ☐

2. $\neg \exists i \text{ Mi } \exists E \text{ è } \exists \hat{O}^{\wedge} F^{\text{TM}} \text{ Bó}^{\circ} < F \ddagger^{\circ} \text{ è } \neg \div \text{ ài } \llcorner \grave{\text{u}} \neg \exists \ddot{Y} \acute{A} i \sim \text{è} \div f?$

$\acute{Y} <$ ☐ $\text{P}^{\text{TM}} \neg \hat{O}$ ☐

3. $\text{z}^{\wedge} \hat{i} \neg \exists \grave{\text{u}} F \ddagger^{\circ} \text{ è } \neg \div (\partial \dots \text{z} \neg \ddot{Y} \acute{A} <^{\text{a}} \neg^{\text{TM}} \text{L} \grave{\text{o}} \partial \text{¼}^{\wedge} F \P E \text{ è } \exists^{\text{TM}}$

$\text{z} \ddot{Y} \emptyset \check{S} \partial \ddagger^{\text{´}} \text{P} \text{¼},^{\circ} <) \partial \grave{\text{o}} \text{ } \partial^{\text{´}} \sim \P i \sim \text{è} \div f?$

$\acute{Y} <$ ☐ $\text{P}^{\text{TM}} \neg \hat{O}$ ☐

4. $\text{å} \text{¼} \text{ } \text{í} \text{f} \grave{\text{A}},^{\circ} \text{å} \text{¼}^{\circ} \neg \emptyset^{\circ} \text{O} \check{S} \text{d} \sim \text{è} \div f?$

$\acute{Y} <$ ☐ $\text{P}^{\text{TM}} \neg \hat{O}$ ☐

5. $\text{A} \text{¼} \text{I } \text{c},^{\circ} < \text{c} \neg \acute{\text{o}},^{\text{a}} \text{è } \text{f} \ddagger^{\text{´}} \text{H} \emptyset \check{S}^1 \acute{A} \check{S} \partial^{\circ} F \neg \grave{\text{o}} \text{z}^{\wedge} \hat{i} <$

$^{\text{a}} \text{è } \exists \text{E} i \sim \text{è} \div f?$

$\acute{Y} <$ ☐ $\text{P}^{\text{TM}} \neg \hat{O}$ ☐

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**A SELF INSTRUCTION MODULE FOR THE EDUCATION
OF POSTNATAL MOTHERS ON POSTNATAL CARE**

Topic	: Postnatal Care
Group	: Primi Mothers
Place of Teaching	: Aravindan Hospital
Method of Teaching	: Lecture, Discussion and Demonstration
Teaching Method	: Flash Cards, Pamphlets, Handout

Central Objective

Acquire knowledge and develop awareness regarding postnatal care and there by promote healthy postnatal care practices and discourage unhealthy practice.

Specific Objectives

The learners of this guide will be able to

- define postnatal period.
- identify healthy postnatal practices with regard to diet.
- understand the importance of personal and perineal hygiene.
- list down different types and uses of postnatal exercises.
- state the importance of breast feeding and explain the technique of breast feeding.

Specific Objective	Contents	Teaching Method
Define postnatal periods	<p>Introduction</p> <p>This booklet is designed on the basis of knowledge and practices of postnatal care identified among postnatal mothers, through a study conducted in Aravind hospital. Mothers had lack of knowledge regarding different aspects of postnatal care that is diet, personal hygiene postnatal exercises, breast feeding.</p> <p>This booklet instruct about healthy practices which will aid for a healthful living and prevent postnatal complications.</p> <p>The first 4 weeks after the birth is referred to as the postnatal and post-partum period. This is defined as not less than ten and not more than 28 days after the end of labour during which the continued attendance of a midwife on the mother and belong is requisite.</p>	Explaining

<p>Identify healthy postnatal practices with regards to diet</p>	<p>Postnatal Diet</p> <p>It is very important to take normal diet after delivery because it helps</p> <ul style="list-style-type: none"> ➤ To meet the increased demands of the body ➤ To regain the lost energy. ➤ To maintain positive health ➤ For production of milk. <p>Postnatal Mother Should Take Extra 500 k Calories in Addition to Normal Diet</p> <ul style="list-style-type: none"> ➤ Diet should include foods that provide energy e.g. Cereals, millets, pulses, legumes, rice, wheat, dals, sugar, jaggery etc. Contains carbohydrates and it is needed to meet the energy requirement of the body. ➤ Foods for growth and repair of tissue should be consumed. e.g: milk, meat, egg, fish, curds, legumes and pulses ➤ Foods containing fats should be consumed e.g. Ghee, butter, oils animal products etc. 	<p>Explaining</p>
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	<ul style="list-style-type: none"> ➤ Food for the protection of the body should be included in the diet. e.g. — vitamins and minerals-fruits, vegetables and animal products ➤ Adequate amount of calcium is needed for supporting lactose. eg. Milk, milk eggs, fish, ragi, legumes etc. ➤ Diet should include food substances containing iron to prevent anemia. e.g. Liver, fish, eggs, green leafy vegetables and vegetables like brinjal, bitter gourd, beans etc. ➤ Plenty of fiber should be included in diet. High fiber diet prevents constipation and also helps in regular bowel movements. e.g. Green leafy vegetables, other vegetables, whole grains, legumes and citrus fruits guava, apple etc. ➤ Vitamin c should be included in the diet since it helps in promoting wound healing, prevent infection and helps in absorption of iron. eg. Gooseberry, tomato, tamarind, guava, citrus fruits, mangoes, green leafy vegetable etc. ➤ Food rich in vitamin a should be consumed since it helps in healthy vision, prevent infection 	
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<p>Understand the importance personal and perineal care</p>	<p>and maintains healthy skin.</p> <p>e.g. Milk. Milk products, fish, eggs, yellow fruits and vegetables, carrot etc.</p> <p>➤ Food substances rich in vitamin d should be consumed since it helps in maintaining strength of the teeth and bones and also helps in absorption of calcium.</p> <p>e.g. Meat, fish, eggs, milk and milk products.</p> <p>➤ A postnatal mother should take 2 to 3 liters of water (fluids) per day since water helps in regulating body temperature.</p> <p>➤ Postnatal mother should take iodized salt. Iodine is necessary for brain development babies growth</p> <p>Personal Hygiene</p> <p>Personal hygiene and Perineal Hygiene</p> <p>➤ Take baths everyday.</p> <p>➤ Use soap daily while bathing since it cleanses the dirt and remove microorganism.</p> <p>➤ Bathing in warm water reduces fatigue and body aches.</p>	<p>Explaining</p>
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- Wear clean clothes.
- Wear well supported bra.
- Wash the private part each time after urination and defecation.
- Use clean perineal pad.
- Change it whenever it gets soaked.
- Keep perineum free from stale discharge which could be a source of infection.
- Wash hands with soap water each time after urination defecation and also after changing the pad.

Perineal Care

Perineal care involves cleaning the external genitalia and surrounding area since there are many orifices situated in this area, the pathogenic organisms can enter into the body. Perineal care should be done from cleanest to less clean area.

Purposes

- To prevent infection to the reproductive tract.

- Treat lung infection.
- Promote wound healing
- Provide comfort

Procedure

- Wash hands thoroughly before the procedure.
- Dry the hand with clean towel.
- Remove the pad from front to back and observe pad for color, amount and odor of vaginal discharge (lochia).
- Wrap the soiled pad with a paper or polythene cover.
- Wash the perineum from front to back by pouring water.
- Apply soap over the perineal region from front to back with the hand.
- Wash the area from front to back with plenty of water.
- Perineum can be cleaned with Dettol swabs and it can be washed with the Dettol solution since it has got an antiseptic action.

- The purpose of cleaning perineum from front to back is to prevent entry of germs from anus to vagina and the uterus.
- Dry the perineum with clean towel from front to back.
- Place the clean pad on the perineum from front to back without touching the inner side of the pad.
- Discharge the soiled pad in the dustbin.
- Wash the hands with soap and water.
- Dry the hand with towel.
- The perineum should be washed after each micturition and defecation.
- The pad should be made with clean dry cotton clothes or sanitary napkin can be used and that should be changed whenever it gets soaked

Breastfeeding

Breast milk is the best feed for the babies. There is no substitute for breast milk. Breastfeeding should be started within half an hour to one hour after delivery.

<p>State the importance of breast feeding and techniques.</p>	<p>Advantage of Breastfeeding</p> <ul style="list-style-type: none"> ➤ Breast milk is perfectly balanced and contain everything the baby needs to grow and develop. ➤ It contains antibodies which will offer greater protection from infection. ➤ Temperature is always maintained. ➤ It is economical. ➤ Easily digestible. ➤ It fosters optimum brain growth. ➤ It reduces the incidence of allergy. ➤ Breast feeding enhances the emotional bonding between the mother and baby. <p>Breastfeeding Techniques</p> <p>How to Hold your Baby for Feeding</p> <ul style="list-style-type: none"> ➤ Sit or lie down comfortably with your back supported. ➤ Use firm pillows or folded blanket under the baby to keep the baby supported during the feeding. As your baby gets older you probably will not need the extra support. 	<p>Explaining</p>
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- Support the baby's back and shoulders firmly. Do not push on the back of the baby's head.

Positioning and Attaching the Baby to the Breast

- Make yourself comfortable with your baby tipped towards you
- The baby's head and body should be in straight line.
- The baby's head should be turned towards mother's body so that he is coming up to her breasts other in same angle.
- If the baby's nose is opposite to his mother's nipples before he is brought to the breast and his neck is slightly extended to the baby's mouth will be in the correct relationship to the nipple.
- The baby should be supported across his shoulders so that the slight extension of his neck can be minted. His head may be supported by the extended fingers of the supporting hand or on his mother's forearm.
- Stroke or tickle your baby lips with your nipple to stimulate the rooting reflex to get him to open his mouth.
- Once he opens wide. Pull or roll him rapidly towards you and hold him close to your breast.

	<p>Be patient because it sometimes make a long time before your baby opens his mouth wide enough. Bring your baby to your breast rather than bringing your breast to your baby.</p> <ul style="list-style-type: none"> ➤ The baby draws breast tissue as well as nipple into his mouth the baby's lower jaw up and down following the action of the tongue. Make sure to get as much of areola as possible in your baby's mouth to ensure a good latch. ➤ When his nose will be touching your breast if you feel you need to help him raise more easily, lift your whole breast a little and bring his buttocks in closer to rearrange his position and give him more breathing space. ➤ After sucking, express the milk into a small bowl to feed the baby with small spoon <p>Points Regarding Breastfeeding</p> <ul style="list-style-type: none"> ➤ Start breastfeed within half an hour to one hour after delivery. ➤ Feed the baby whenever it demands. ➤ Wash the hand before feeding. ➤ Clean the breast with wet cloth. 	
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	<ul style="list-style-type: none">➤ During the first few days the milk which is secreted will be thick and yellow in color. It is called colostrum.➤ Colostrum contains many essential factors for the health of the baby so it should not be discharged and it must be given to the baby.➤ By frequent feeding the amount of milk will increase.➤ The breast should be cleaned and dried before feeding.➤ While feeding the mother should be in sitting position.➤ While feeding support the baby's head on your elbow and arm and palm can be used to support the trunk and buttocks of the baby. The other hand can be used to direct the nipple inside the baby's mouth.➤ The mother should be relaxed while feeding➤ The baby should be supported and slightly raised.➤ While baby is sucking care must be taken in to introduce not only the nipples but also the areola into baby's mouth.➤ During the first few days most of the babies fall asleep after taking a few sucks.	
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- Baby should be aroused by a gentle tickle behind the ear or on the sole of the foot
- Both the breast should be fed at each feeding.
- The baby will swallow some amount of air while they are sucking. During and after feeding baby should be held upright or put him on shoulder and pat gently on his back until the air is expelled this this will prevent occurrence of vomiting.
- Change the napkin after feeding.
- After feeding, position the baby on the right side as it facilitate flow of milk to the intestine and prevents vomiting.

Care of Breast Engorgement

Primary engorgement as a common response of the breast to the sudden change in hormones and the presence of an increase the volume of milk it usually occurs on the 3rd to 5th day postpartum. The breasts are tender, swollen, hot and hard and may even be shiny and red.

<p>List down different types and uses of postnatal exercise</p>	<p>Treatment</p> <p>Expressing milk, use warm packs or hot fomentation before feeding to help the milk flow. Use ice packs or raw cabbage leaves on the breast for providing comfort and reduced blood flow after feeding</p> <p>Postnatal Exercise</p> <p>Types of Exercise</p> <p>Exercise during the postnatal period is very important and it should be started soon after delivery mothers should start performing simple exercises while in the hospital and continued at home until the end of 6 weeks. Before doing any exercises bladder must be emptied.</p> <p>The Recommended Exercises are</p> <ul style="list-style-type: none"> ➤ Early ambulation (walking) ➤ Breathing exercises ➤ Foot & leg exercises 	<p>Demonstration</p>
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| | <ul style="list-style-type: none">➤ Abdominal exercises➤ Pelvic floor exercises➤ Exercises with your baby | |
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Ambulation

Walking is one of the best exercise. Within six hours after delivery ambulation is encouraged after 2 to 3 weeks mother can walk outdoor, before that mothers should do a lot of walking inside the house. Walk with the abdomen pulled in keep chin high and swing the arms.

- Ambulation increases blood flow from the legs and lower abdomen
- It increases the drainage of vagina discharge and elimination of urine.
- It increases muscle tone.
- It helps in preventing constipation.
- It helps in involution of uterus.
- It helps to reduce edema and bruising.
- It increases blood circulation and helps in proper functioning of bowel and urinary bladder.

- It reduces the incidence of thrombophlebitis(blood clot in the vein)
- No strength training exercise should be started for few days.

Breathing Exercises

Breathing exercises are easy to perform and it should be started the same day of delivery itself

- Respiration is affected by stress and adapted breathing is one of the easiest way of assisting relaxation.
- Breathing can be used to increase the depth of relaxation.
- Easy breathing helps to achieve comfort and relaxation.
- Sit comfortably with eyes closed, “listen in” to your breathing, concentrating especially on the outward breath. Recognize the short pause before the inward breath that naturally follows.
- A few deeper breath now and again will help the venous return and aid oxygen supply.
- Give a big sigh out continue to breath gently keeping the moment fairly low down in the chest.
Be aware of the outward breath.

	<p>Circulatory Exercises</p> <p>Food and Leg Exercises</p> <ul style="list-style-type: none">➤ Sit or lie down with leg supported. Bend and stretch the ankles twelve times.➤ Circle both feet at the ankles twelve times each direction. Brace both knees hold for 4 seconds and relax. Repeat leg raising.➤ Lie flat on your back, raise the right foot off the bed about 6 inches keeping the left leg straight➤ Lower the right like slowly to do the same thing with the left leg. Repeat five times. <p>Advantages</p> <ul style="list-style-type: none">➤ Improve blood flow➤ Reduce swelling➤ Prevent deep vein thrombosis (blood clot formation)	
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Pelvic Floor Exercises

Sit, stand or lie with legs slightly apart. Close and draw around the back passage as though preventing the bowel action and then repeat around the front two passages as though preventing the flow of urine. Hold as long as it is comfortable, breathing normally and then relax. Repeat 10 minutes.

It can also be performed by sitting or squatting position.

- Slowly tighten the muscles of the perineum as though stopping the flow of urine and hold it for the count of three and relax it.
- Quickly tighten the muscles and relax it as early as possible
- Pull up entire pelvic floor as though trying to suck up water through birth canal and then push the imaginary water out.

Advantage of Pelvic Floor Exercises

- It strengthens her pelvic floor muscles.
- It helps in regaining full urinary bladder control.
- It prevents prolapse

- It improve circulation.
- It prevents incontinence of urine and reduce edema.
- It relieves discomfort.

Abdominal Exercises

Pelvic Tilt (Curl-Up Exercise)

- Lie well support with pillows, knees bent and feet flat
- Place one hand under the small of the back and the other on the top of the abdomen.
- Tighten the abdominal muscles and buttocks and press the small of the back down onto the underneath hand.
- Breath normally hold for four seconds then relax repeat it.

For Tightening the Abdominal Muscles

- Lie your back with your head on pillow
- Bend knees and keep feet flat on the floor or bed

- Arch your back and push your seat against floor.
- Then push your back against the floor and raise your pelvic area.
- Contract (tighten) abdominal muscles.
- Relax and repeat four or five times.
- Lie flat and then raise your head to touch your chin to your chest try not to move any other part of your body repeat several times.
- Spread your legs slightly and slide your feet towards you so that your knee bent almost at a right angle. Raise buttocks and rest your body on the soles of your feet and shoulder. Press your knees together and contract (tighten up) the abdominal muscles.

For General Muscle Tone

- Lie flat on your back, feet and knees close together. Bring knees to chest. Arms straight at sides. Keep shoulders flat and twists the pelvic area until the left knee touches the floor (keep both legs together) Return the central position. Rest twist to the right until right knee touches the floor.

Hip Hinging (Leg Shortening)

It is performed in back lying with one knee bent and other knee straight.

- Slide the heel to the straight leg downwards what does lengthening the leg. Shorten in the same leg by drawing the hip up towards the ribs on the same side. Repeat up to ten times keeping the abdomen pulled in. Change to the opposite side and repeat.

Advantage of Abdominal Exercises

- Helps to strengthen the abdominal muscles.
- Prevent flabby abdomen.
- Helps in rapid recovery.
- Aids in involution of uterus (contraction of uterus).
- Reduces backache.
- Normal household activities can be performed after one week of delivery.
- Avoid strenuous activities like lifting heavy object drawing water from the well etc. For few weeks

திட்டமிட்ட போதனை முறை

தலைப்பு : மகப்பேற்றுப் பிற்காலப் பராமரிப்பு

குழு : மகப்பேறு தாய்மார்கள்

இடம் : அரவிந்தன் மருத்துவமனை

கால அளவு : 45 நிமிடங்கள்

கற்பிக்கும் முறை : விரிவுரை செய்முறை மற்றும் குழு விவாதம்

செயல் விளகப் பொருட்கள் : வரைபடம், துண்டுபடங்கள் மற்றும் கைப்பிரதிகள்

பொது நோக்கங்கள்

வடிவமைக்கப்பட்ட இக்கல்வி பயிற்சி நிறைவடையும் பட்சத்தில் தாய்மார்கள் மகப்பேற்றும் பிற்காலம் பராமரிப்பு பற்றிய அறிவை வளர்த்துக் கொள்ளவும், அவற்றை தவறாமல் கடைபிடிக்கவும் செய்தல்

சிறப்பு நோக்கங்கள்

- மகப்பேற்றுப் பிற்காலக் கால்கட்டம் என்றால் என்ன?
- மகப்பேறு ஆன நாளிலிருந்து தாய்க்கு நிறைவான ஊட்ட முள்ள உணவு கிடைப்பது பற்றி அறிதல்..
- விடபத்தின் சுகாதாரம் பற்றி கற்றுக் கொடுத்தல்.
- மகப்பேற்றுப் பிற்கால எளிய உடற்சிகளைத் தாய்க்கு கற்றுத்தருதல்.
- தாய்ப்பால் கொடுத்தலின் முக்கியத்துவம் பற்றி விளக்குதல் மற்றும் செய்முறை

நோக்கங்கள்	பொருளடக்கம்	ஆசியரின் செயல்	கற்வரின் செயல்	உபகரணங்கள்
மகப்பேற்றுப் பிற்கலக் கட்டம் என்றால் என்ன?	<p>பேறு காலத்திற்குப் பின் தாய்மார்கள்</p> <p>மகப்பேற்றுப் பிற்காலப் பராமரிப்பு</p> <p>மகப்பேற்றுப்பிற்காலக் காலகட்டம், பிரசவநிலையின் மூன்றாம் கட்டம்முடிந்து. ஆறுவாரங்கள்வரை நீடித்திருப்பதாகும்.</p>	விரிவுரை	கவனித்தல்	துண்டுபடங்கள்
<p>மகப்பேறு ஆன நாளிலிருந்து தாய்க்கு நிறைவான ஊட்டமுள்ளஉணவு கிடைப்பது பற்றி அறிதல்.</p>	<p>பேறுகாலத்திற்குப் பின் தாய்மார்கள் சரிவிகத உணவை சாப்பிட வேண்டிய முக்கியத்துவம்</p> <p>இழந்த சக்சியை பெறுவதற்கு நல்ல ஆரோக்கியத்தைப் பாதுகாக்க தாய்பால் உற்பத்தியை பெறுக்குவதக்கு</p>	விரிவுரை	கவனித்தல்	<p>துண்டுபடங்கள்</p> <p>மற்றும்</p> <p>கைப்பிரதிகள்</p>

	<p>பிரசவத்திற்குப் பின் தாய்மார்கள் எப்பொழுதும் உண்ணும் உணவை விட 500k.cal அதிகமாக உண்ண வேண்டும்.</p> <ul style="list-style-type: none"> ➤ சக்தி அளிக்கும் உணவு பொருள்களை உட்கொள்ள வேண்டும். (எ.க) தாணியங்கள், பருப்பு வகைகள் ➤ உடல் வளர்ச்சிக்கும் செல்களைப் புதுப்பிக்கவும் உதவும் உணவு பொருள்களை உட்கொள்ள வேண்டும்(எ.க.) பால், இறைச்சி முட்டை, பருப்புவகைகள், தயிர். ➤ கொழுப்புச்சத்து உள்ள உணவு பொருள்களை உட்கொள்ள வேண்டும்(எ.கா) நெய், வெண்ணெய், எண்ணெய், இறைச்சி. ➤ உடலுடக்கு பாதுகாப்பு அளிக்கும் உணவு வகைகளை உட்கொள்ள வேண்டும் (எ.கா) வைட்டமின், தாது உப்புகள் பழங்கள், காய்கறிகள் இறைச்சி. ➤ தாய்ப்பால் கொடுப்பதற்கு போதுமான அளவு 	விரிவுரை	கவனித்தல்	துண்டுபடங்கள் மற்றும் கைப்பிரதிகள்
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	<p>கால்சியம் சத்துள்ள பொருள்களை உட்கொள்ள வேண்டும் முக்கியமாகும் (எ.கா)பால், பாலிலிருந்து பெறப்படும் பொருட்கள் முட்டை, மீன், ராகி கொட்டைகள், தானியங்கள், பூண்டு, கஞ்சி, கருவாடு.</p> <p>➤ இரத்த சோகையைத் தடுப்பதற்கு உணவில் இரும்புச் சத்து உள்ள உணவுப் பொருட்களைச் சேர்க்க வேண்டும்(எ.கா) ஈரல்,மீன், இறைச்சி, முட்டை, கீரைவகைகள், பேரிச்சம்பழம், காய்களிகள் கத்திரிக்காய், பாகற்காய், பீன்ஸ், கருப்புச்சக்கரை தேன், ராகி.</p> <p>➤ மலச் சிக்கலைத் தவிர்ப்பதற்கு உணவில் அதிக அளவு நார்ச்சத்து உள்ள உணவுவகைகளைச் சேர்க்க வேண்டும் (எ.கா) பச்சைக் கீரை வகைகள், காய்கறிகள் தானியங்கள், சிட்ரஸ் பழங்கள் கொய்ய ஆப்பிள்.</p> <p>➤ நோய் வருவதைத் தடுப்பதற்கும், புன் ஆருவதற்கும்,</p>	விரிவுரை	கவனித்தல்	துண்டுபடங்கள் மற்றும் கைப்பிரதிகள்
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	<p>இரும்பு சக்தி உறுஞ்சுவதற்கும் வைட்டமின் உள்ள உணவுப் பொருட்களைச் சாப்பிடுவண்டும் (எ.கா) தக்காளி, நெல்லிகாய் கொய்யா, மாம்பழம், பச்சைக் கீரைகள்.</p> <p>➤ நல்ல பார்வைக்கும், நோய் வருபதைத் தடுக்கவும் தோலின் மென்மையைப் பாதுகாக்கவும் வைட்டமின் A(1300 mcg) உணவுப் பொருட்களைச் சாப்பிட வேண்டும் (எ.கா) பால், பாலிருந்து பெறப்படும் பொருட்கள், மீன், முட்டை, காய்கறிகள் காரட், மஞ்சள் நிறப்பழங்கள்.</p> <p>➤ பால் மற்றும் எலும்புகளின் வளர்ச்சிக்கு வைட்டமின் D (10mcg) உள்ள உணவுவகைகளைச் சாப்பிட வேண்டும் (எ.கா) இறைச்சி, மீன் , முட்டை, பால் மற்றும் பாலிலிருந்து பெறப்படும் பொருட்கள்.</p> <p>➤ பிரசவகாலத்திற்கு பின்தாய்மார்கள் தினமும் 2 முதல்</p>	விரிவுரை	கவனித்தல்	துண்டுபடங்கள் மற்றும் கைப்பிரதிகள்
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	<p>3 லிட்டர் தண்ணீர் குடிக்க வேண்டும் இது உடலின் வெப்பநிலையைச் சீராக வைக்கவும், மலச்சிக்கலைத் தடுக்கவும், உணவு ஜரணத்திற்கும் உதவும்.</p> <p>➤ அயோடின் கலந்த உப்பை மட்டுமே பயன்படுத்துங்கள் அயோடின் சத்து குழந்தையின் முளை வளர்ச்சிக்கும், அறிவு வளர்ச்சிக்கும் அவசியமானது. அதனால் முக்கியமாக கார்ப்பகாலத்திலும், குழந்தையின் முதல் இரண்டு வருடத்திலும் அயோடின் சத்து தேவை.</p>			
<p>விடபத்தின் சுகாதாரம் பற்றி கற்றுக் கொடுத்தல்</p>	<p>மகபேற்றுக்காலத்திற்கு பிறகு தாய்க்கு தன் சுத்தம் பற்றி கற்றுக் கொடுத்தல்</p> <p>➤ தினந்தோறும் குளித்தல்.</p> <p>➤ சோப்பு வைத்து சுத்தம் செய்வதால் நுண்கிருமிகள் அழிக்கப்படுகிறது</p> <p>➤ வெண்ணீர் வைத்து குழிப்பதால் உடல் சோர்வும்,</p>	<p>விரிவுரை மற்றம் செய்முறை</p>	<p>கவனித்தல்</p>	<p>துண்டுபடங்கள் மற்றும் கைப்பிரதிகள்</p>

	<p>இடுப்பு வலியும் குறையும்.</p> <ul style="list-style-type: none"> ➤ தூய்மையான ஆடைகளை அணிய வேண்டும். ➤ ஒவ்வோரு முறையும் சிறுநீர் கழித்த பின்பும் மலம் கழித்த பின்பும் கொதிக்க வைத்த நீரைக் கொண்டோ அல்லது நோய் வண்மம் நீக்கும் நீர்மம் கொண்டோ யோனியை கழுவ வேண்டும். ➤ தயாரிக்கப்பட்ட சுத்தமான துணிகளை அணிதல் மற்றும் அவைகளை அடிக்கடி மாற்றுதல் வேண்டும். <p>விடப சுகாதாரம்</p> <p>விடபம் மற்றும் அதைச் சுற்றியுள்ள பகுதியை சுத்தம் செய்ய வேண்டும்.</p> <p>செய்முறை;</p> <ul style="list-style-type: none"> ➤ முதலில் கைகளை சுத்தமாக கழுவ வேண்டும். 	<p>விரிவுரை மற்றும் செய்முறை</p>	<p>கவனித்தல்</p>	<p>துண்டுபடங்கள் மற்றும் கைப்பிரதிகள்</p>
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	<p>➤ முன்புறம் இருந்து பின் புறம் நோக்கி யோனிலிருந்து துணியை எடுக்கு வேண்டும் அப்போது லோக்கியாவின் நிறம், அளவு, வாசனை பார்க்க வேண்டும்.</p> <p>➤ துணியை எடுத்து பாலீத்தின் கவர் அல்லது பேப்பரில் மடக்கி குப்பை தொட்டியில் போட வேண்டும்.</p> <p>➤ யோனியை முன்புறமிருந்து பின்பறழ்மாக சோப்பு அல்லது டெட்டால் நீர்மம் கொண்டு பஞ்சால் சுத்தம் செய்ய வேண்டும்.</p> <p>➤ சுத்தமான தண்ணீர் கொண்டு யோனியை கழுவ வேண்டும்.</p> <p>➤ தாவாயிருந்து நுண்கிருமிகள் விடப்பகுதிக்கும் கருப்பைக்கும் தாக்காமல் இருப்பதற்காக முள் மிறமிருந்து பின்புறம் கழுவுகிறோம்.</p> <p>➤ சுத்தமான உலர்ந்த துணியை விடபத்தில்</p>	<p>விரிவுரை மற்றம் செய்முறை</p>	<p>கவனித்தல்</p>	<p>துண்டுபடங்கள் மற்றும் கைப்பிரதிகள்</p>
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<p>தாய்ப்பால் கொடுத்தலின் முக்கியத்துவம் பற்றி விளக்குதல்.மற்றும் செய்முறை</p>	<p>முன்புமிருந்து பின்புறம் வைக்க வேண்டும்.</p> <p>➤ தயாரிக்கப்பட்ட துணியை விடபத்தில் முன்புமிருந்து பின்புறம் வைக்க வேண்டும்.</p> <p>தாய்பாலின் நன்மைகள்</p> <p>➤ பிரவசம் முடிந்த அரை மணி நேரத்தில் தாய்ப்பால் கொடுக்க வேண்டும்</p> <p>➤ குழந்தை அழும் போது எல்லாம் தாய்ப்பால் கொடுக்க வேண்டும்</p> <p>➤ தாய்ப்பால் கொடுக்கும் முன்பு கைகளையும் மார்பகத்தையும் நன்கு கழுவ வேண்டும்.</p> <p>➤ முதல் இரண்டு நாட்களுக்கு சீம்பால் சுரக்கும் சீம்பாலை தவராமல் கொடுக்க வேண்டும்.</p> <p>➤ தாய்ப்பால் கொடுக்கும் போது உட்கார்ந்து கொண்டு தர வேண்டும்.</p>	<p>விரிவுரை மற்றம் செய்முறை</p>	<p>கவனித்தல்</p>	<p>துண்டுபடங்கள் மற்றும் கைப்பிரதிகள்</p>
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	<p>➤ குழந்தை பால் குடிக்கும் போது முலைக் காம்பு முழுவதும் குழந்தையின் வாயினுள் இருக்குமாறு வைக்க வேண்டும்.</p> <p>➤ முதல் இரண்டு நாள் குழந்தை பால் குடித்த பின்பு நன்றாக தூங்கும்.</p> <p>➤ இரண்டு மார்பகங்களிலும் மாறி மாறி குழந்தைக்கு பால் கொடுக்க வேண்டும்.</p> <p>➤ குழந்தை பால் குடித்த பின்பு தோலில் போட்டு முதுகில் தட்ட வேண்டும். ஏனெனில் பால் குடிக்கும் போது காற்றும் உள்ளே சென்று விடுவதால் அதை வெளியேற்றவும் மற்றும் வாந்தி எடுக்காமல் தடுக்கவும். உதவும்.</p> <p>➤ குழந்தையை படுக்கையில் வல பக்கமாக படுக்க வைக்க வேண்டும். ஏனெனில் வாந்தி எடுக்காமல் தடுப்பதற்கு.</p>	<p>விரிவுரை மற்றம் செய்முறை</p>	<p>கவனித்தல்</p>	<p>துண்டுபடங்கள் மற்றும் கைப்பிரதிகள்</p>
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	<p>பாலாட்டுதல்</p> <p>தாய்ப்பால் கொடுக்கும் சரியான முறையைத் தாய்க்குக் கற்றுக் கொடுங்கள். பால் கொடுக்கும் போது, எவ்வாறு தாய் குழந்தையை வைத்துக்கொள்ள வேண்டும் என்று சொல்லிக் கொடுங்கள்.</p> <ul style="list-style-type: none"> ➤ குழந்தையின் தலையும், உடலும் நேராக இருக்க வேண்டும். ➤ குழந்தையின் தலை தாயின் மார்பகங்களுக்கு நேராகவும், அதன் முகம் மார்பக காம்புக்கு எதிர்புறமாகவும் இருக்க வேண்டும். ➤ குழந்தையின் உடல் தாயின் உடலோடு நெருக்கமாக இருக்க வேண்டும். ➤ குழந்தையின் கழுத்து தோள் மட்டுமல்லாமல் முழு உடலையும் தாயின் கை தாங்குவது போல் வைக்கப்பட வேண்டும். 	<p>விரிவுரை</p> <p>மற்றம்</p> <p>செய்முறை</p>	<p>கவனித்தல்</p>	<p>துண்டுபடங்கள்</p> <p>மற்றும்</p> <p>கைப்பிரதிகள்</p>
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	<p>குழந்தை எவ்வாறு தாயின் மார்பகத்தைக் கவ்விசுடிக்க வேண்டும் என்று(படத்தைக் காட்டி) கற்றுத் தரவும், அதற்கு தாய் செய்ய வேண்டியவை</p> <ul style="list-style-type: none"> ➤ தாயின் குழந்தையின் உதடுகளால் மார்பக காம்பைத் தொட வைக்க வேண்டும். ➤ குழந்தை நன்றாக விரிவாக வாய் திறக்கும் வரை காத்திருக்க வேண்டும். ➤ குழந்தை தன் வாயைத்திறந்த உடனே குழந்தையின் வாயைத்துரிதமாக தாயின் மார்பகப் பக்கமாகத் திறும்பி, குழந்தையின் கீழ் உதடு மார்பகக் காம்பின் அடிப்பகுதியை நன்கு பிடித்துக்கொள்ளச் செய்ய வேண்டும். 	<p>விரிவுரை மற்றும் செய்முறை</p>	<p>கவனித்தல்</p>	<p>துண்டுபடங்கள் மற்றும் கைப்பிரதிகள்</p>
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	<p>குழந்தை மார்பகத்தை நன்கு கவ்வியிருக்கிறதா, சரியாக சப்பிக்குடிக்கிறதா என்று கவனிக்க வேண்டும்</p> <ul style="list-style-type: none"> ➤ குழந்தையின் முகவாய்கட்டை மார்பகத்தைக் தொட வேண்டும். ➤ வாய் நன்றாக திறந்திருக்க வேண்டும். ➤ கீழ் உதடு வெளியே பிதுங்கியிருக்க வேண்டும். ➤ மார்பக காம்பின் கீழ்பகுதி முழுவதும் குழந்தையின் வாயினால் முடப்பட்டிருக்க வேண்டும். <p>குழந்தை சரியாக சப்பிக் குடிக்கிறதா என்று கவனியுங்கள்(அதாவது குழந்தை மெதுவாக ஒரே சீராக, அவ்வப்போது சற்று இடைவெளிவிட்டு சப்புதல்)</p> <ul style="list-style-type: none"> ➤ குழந்தை இன்னமும் சப்பி பால்குடிக்கவில்லையென்றால் தொடர்ந்து தாயைத் தாய்ப்பால் கொடுக்கச் சொல்லுங்கள். முடிந்தவரை குழந்தை சப்பிக்குடித்த 	<p>விரிவுரை மற்றம் செய்முறை</p>	<p>கவனித்தல்</p>	<p>துண்டுபடங்கள் மற்றும் கைப்பிரதிகள்</p>
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	<p>பிறகு பாலை ஒரு சிறிய பாத்திரத்தில் பிழிந்து, தேக்கரண்டி உபயோகித்து, குழந்தைக்கு ஊட்டச் சொல்லுங்கள்.</p> <p>செறிந்து நிறைந்த மார்பகங்கள்</p> <p>உண்மையான பாலை உற்பத்தி செய்ய மார்பகங்கள் தொடங்குவதால், அவை மிகவும் இறுக்கமாகவும் மென்மையாகவும் இருக்கும். இது மகப்பேற்றுக்குப் பின் 2-ஆம் நாளிலிருந்து 4-ஆம் நாள் வரை இருக்கும். சிறிது சிறிது நேரத்தில் அதிகத் தடவை தன் குழந்தைக்குப் பால் கொடுக்கும்படி தாய்க்கு ஊக்கம் கொடு. வெந்நீர் ஒற்றடம், மார்பகங்களுக்குத் தருவது உதவிஎரமாக இருக்கும்.</p>	<p>விரிவுரை மற்றம் செய்முறை</p>	<p>கவனித்தல்</p>	<p>துண்டுபடங்கள் மற்றும் கைப்பிரதிகள்</p>
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<p>மகப்பேற்றுப் பிற்கால எளிய உடற்பயிற்சிகளைத் தாய்க்குக் கற்றுத் தருதல்.</p>	<p>மகபேற்றுக்காலத்திற்கு பிறகு உடற்பயிற்சி</p> <ul style="list-style-type: none"> ➤ நடப்பது சிறந்த உடற்பயிற்சி பிரசவம் ஆன 6 மணி நேரத்திற்குள் நடக்க வைக்க வேண்டும்.நடக்கும் போது வயிற்றுப் பகுதியை நன்றாக அழுத்தி பிடித்துக் கொண்டு நடக்க வேண்டும். ➤ இரத்த ஓட்டம் சீராக அமைகிறது. ➤ யோனின் இரத்த போக்கு மற்றும் சீறுநீரும் அதிகமாக வெளியேறுகிறது. ➤ கருப்பை தன் நிலையை அடைவதற்கு உதவுகிறது. ➤ இரத்தக் கட்டி உறுவாவதை தடுக்க உதவுகிறது. <p>உடற்பயிற்சியின் வகைகள்</p> <ul style="list-style-type: none"> ➤ பிரசவம் ஆன பின்பு உடற்பயிற்சி செய்வது சிறந்தது உடற்பயிற்சி செய்யும் போது சிறுநீர் பை காலியாக இருக்க வேண்டும். 	<p>விரிவுரை மற்றும் செய்முறை</p>	<p>கவனித்தல்</p>	<p>துண்டுபடங்கள் மற்றும் கைப்பிரதிகள்</p>
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	<p>➤ மூச்சுப் பயிற்சி பிரவசம் ஆன அதே நாளில் மேற்கொள்ள வேண்டும்.</p> <p>சுவாச பயிற்சி</p> <p>சுவாச பயிற்சி எளிதில் செய்யலாம் பிரசவம் முடிந்த முதல் நாளே சுவாச பயிற்சியை ஆரம்பிக்க வேண்டும் கண்களை மூடி அமரவும். மூச்சை வெளிவிடும் போது கவனிக்க வேண்டும்.அதற்கு பின் மூச்சை உள் இழுத்தலை நம் காண முடியும். இந்த மூச்சு பயிற்சியை செய்வதன் மூலம் மீண்டும், தமனி பெற்று கொள்ளும்.</p> <p>கால் மற்றும் பாதம் உடற்பயிற்சி</p> <p>➤ உட்கார்ந்து மற்றும் படுத்த நிலையில் இருந்து கொண்டு பாதங்களை 12 முறை அசைக்க வேண்டும்.</p> <p>➤ பாதங்களை வட்ட முறையில் 12 முறை அசைக்க வேண்டும்.</p>	<p>விரிவுரை மற்றம் செய்முறை</p>	<p>கவனித்தல்</p>	<p>துண்டுபடங்கள் மற்றும் கைப்பிரதிகள்</p>
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	<p>➤ மல்லார்ந்த சமநிலையில் படுத்து வலது காலை 6 inch படுக்கையிலிருந்து உயர்ந்த வேண்டும் அப்போது இடது கால் சமநிலையில் இருக்க வேண்டும் இதே போல் இடது காலுக்கும் 4 அல்லது 5 முறை செய்ய வேண்டும்.</p> <p>நன்மைகள்</p> <p>➤ இரத்த ஓட்டம் அதிகரித்தல், வீக்கத்தை குறைப்பதற்கு.</p> <p>இடுப்பு தசை அசைவு உடற்பயிற்சி</p> <p>➤ உட்கார்ந்து அல்லது நின்று கொண்டு கால்களை அகற்ற வேண்டும்.</p> <p>➤ விடபத்தில் தசைகளை சிறுநீர் கழிக்கும் போது இடையில் நிறுத்துவது போல் தசைகளை இறுக்கி பிடித்துக் கொண்டு 1, 2, 3 என்று எண்ணிக் கொண்டு பின்பு தளர்த்த வேண்டும்</p>	<p>விரிவுரை மற்றம் செய்முறை</p>	<p>கவனித்தல்</p>	<p>துண்டுபடங்கள் மற்றும் கைப்பிரதிகள்</p>
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	<p>பயன்கள்</p> <ul style="list-style-type: none"> ➤ இடுப்பு தசைகள் வலுவடைகிறது. ➤ சிறுநீர் பையின் தசைகள் வலுவடைகிறது. ➤ கால் வீக்கம் குறைகிறது. ➤ தன்னை அறியாமல் சிறுநீர் கழிப்பதை தடுப்பதற்கு. <p>வயிற்றுப் பகுதி உடற்பயிற்சி</p> <ul style="list-style-type: none"> ➤ இடுப்பு பயிற்சி ➤ முட்டிகளை மடக்கி தலையணை வசதியுடன் படுத்தல் வேண்டும். ➤ ஒரு கையை வயிற்றின் மேல் முன்புறமும் மற்றொரு கையை பின்புறமும் வைக்க வேண்டும். ➤ வயிற்று தசைகளையும் பிட்டத்தையும் இறுக்கமாக பிடிக்க வேண்டும் ➤ 4 நிமிடத்திற்கு ஒரு முறை தளர்த்தி 4 அல்லது 5 முறை 	<p>விரிவுரை மற்றம் செய்முறை</p>	<p>கவனித்தல்</p>	<p>துண்டுபடங்கள் மற்றும் கைப்பிரதிகள்</p>
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	<p>செய்ய வேண்டும்.</p> <ul style="list-style-type: none"> ➤ தசைகளின் தன்மை அடைவதற்கு பயன்படுகிறது. ➤ பாதங்களையும், முட்டிகளையும் அருகருக வைத்து சமநிலையில் படுக்க வேண்டும். ➤ முழங்காலை மார்பு பகுதிக்கு உயர்த்தி அருகே கொண்டு வர வேண்டும். ➤ தோள் பட்டை சமநிலை இருக்கும் போது இடுப்பு பகுதியை சுழற்ற வேண்டும், இடது முழங்கால் படுக்கையில் இருக்கும் வரை, திரும்பவும் அதே நிலைக்கு வருவதல் இதே போல் அடுத்த காலுக்கும் செய்ய வேண்டும். <p>இடுப்பு தசைகளின் உடற்பயிற்சி</p> <ul style="list-style-type: none"> ➤ சமநிலையில் ஒரு முழங்கால் மடக்கியும் மற்றோரு முழங்காங் நிட்டியும் படுக்க வேண்டும். 	<p>விரிவுரை மற்றம் செய்முறை</p>	<p>கவனித்தல்</p>	<p>துண்டுபடங்கள் மற்றும் கைப்பிரதிகள்</p>
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	<p>➤ நேராக வைத்த முழங்காலின் பாதத்தை தளத்த வேண்டும். நீட்டிய முழங்காலை மடக்கி இடுப்பு எலும்பை மார்புக் கூட்டை நோக்கியவாறு மேலை உயர்த்தவேண்டும், அப்போது வயிற்று தனுகளை நன்கு இறுகப்பிடித்து கொண்டு 10 முறை செய்ய வேண்டும்.இதே போல் மறுபக்கமும் செய்ய வேண்டும்.</p> <p>பயன்கள்</p> <p>➤ வயிற்று தசைகளை வலுவடைகிறது.</p> <p>➤ வயிற்றை குறைப்பதற்கு</p> <p>➤ கருப்பை சுருங்குவதற்கு</p> <p>➤ முதுகு வலியை குறைப்பதற்கு</p> <p>➤ வீட்டு வேலைகளை பிரவசம் ஆன ஒரு வாரத்திற்கு பிறகு செய்யலாம்.</p>	<p>விரிவுரை மற்றம் செய்முறை</p>	<p>கவனித்தல்</p>	<p>துண்டுபடங்கள் மற்றும் கைப்பிரதிகள்</p>
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